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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OCT 22 1956

BUREAU V. L.

5M 9/55

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y, ple
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the content of the co
ny delay unerol dir your file egistrar p
ath. If a
after de 2, ond 3 y be rett
24 haurs Poges 1, oge 5 mc e poges
3. Give PM3. P mit. Fil
executed in Item 18 ith form ransit per
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tificate s nding" ir 's Office used as a
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TO DEPUTY I cute the cer forworded TO FUNERAL or removal.
VS. A15ME(5)

,	7	9618 ^{MI}	DICA	L EXAMINE	R'S	CERTIFICA	TE OF	DEATH	Reg. Dis	(195 . No.	23/	
1.	PLACE OF DEATH o. COUNTY	Prince Geor	ges	MARYL	AND	2. USUAL RESIDENCE (V				ce before (admission)	
	and give necrest for	vondale		c. LENGTH OF STAY IN Transient	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Washington						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Queens Chapel Road and Russell Ave,						d. STREET ADDRESS 719 Gallatin St. N.W. o. IS RESIDEN ON A FARM YES \(\) NO						
	NAME OF DECEASED (Type or print)	Lester		Mo Middle		avers	4. DATE OF DEATH	Sept.		Day 30,	1956	
1	sex Male:	6. COLOR OR RACE	WIDOWED			9-24-37		AGE (In years lost birthday) 19 yrs.	Months D	oys Ho		
		ION (Give kind of wark ing life, even if retired)	done 10b, K	IND OF BUSINESS OR IN Constructio	DUSTR'	Washingtor	or foreign cou	intry)		J.S.A	AT COUNTRY	
	. FATHER'S NAME	William Th					L L. Bar	rbee				
15. Ye	. WAS DECEASED E	VER IN U. S. ARMED FO (If yes, give war or dales of	service)	78-48-7875		ORMANT 114am Edwar	d Beave	Address Pra Sem	e addr	e58_		
		ATH (Enter only one country one country WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		Hemorrh		and shock	vis: an	d ribs:		INTERVAL B ONSET AND	ETWEEN DEATH	
	gove rise to imme (o), stating the couse lost.	ediole cause				accident						
CERTIFICATION				INTRIBUTING TO DEATH					EN IN PART	(a) 19. W PE YES [RFORMED?	
	PRIMARY OF CO		Driv	er of autom	obi	le in collis	ion wi	th a uti				
MEDICAL	9. OUT D.M.	9-30-56		NJURY OCCURRED 20e rk ot work	factor	OF INJURY (Home, form y, street, office bldg., etc. Street	Avon	dale, F	r. Geo	· 1	(Stote)	
21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .								or	nd find the			
								П	***	DA	TE SIGNED	
22.		John T. Male			V 00 C	DEPUTY MEDICAL	EXAMINER 🚰	Sep	t.30,			
	REMOVAL (Specify BIITIAL FUNERAL DIRECTO	" Oct. 3.	1956	George W		ington	Prine BY REGISTR		r county) TEE Co	unty	y Md.	
	Deal Fun	eral Home	Inc	. 4812 Ga.	Av		5 19	56 Th	1 1	ledre	de	

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	and tamber of the	V 37 7-27-572		
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MANUAL MANUAL STATEMENT OF THE AND THE

		MARY	LAND	STATE DEPARTA	MENT OF H	EALTH	I-BALT	IMORE,	18	
-		05	71	CERTIFIC	ATE OF D	EATH	1		Reg. Dist.	N. 19553
1. PLACE OF o. COUNT	IA.	ce George		MARYLAND	o. STATE Mai	ylan	d	b. COUNT	Princ	before admission) e George
RURAL	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheveley						ity	ote limits, write	RURAL and giv	e nearest town}
d. NAME OR IN	OF HOSPIT	AL (If not in hospite), s		oddress)	3717 -		Ave.			e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASE (Type or p		GEORGIA		Middle K. E	BOWER		4. DATE OF DEATH	Sept. 2	onth 23,	Day Yeor 19 56
5. SEX Fem	ale	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	188	36	69 (in years	Months D	YEAR IF UNDER 24 HRS. Dys Hours Min.
100. USUAL	OCCUPATION OF SEWII	ON (Give kind of work ting life, even if retired	done 10b.	KIND OF BUSINESS OR IND		ACE (Stole		intry)		EN OF WHAT COUNTRY
13. FATHER'S	NAME Ob M	yers		al later	14. MOTHER'S Belle	MAIDEN N	IAME			
15. WAS DEC	EASED EVE	R IN U. S. ARMED FOR (If yes, give wer or dotes of t	Inseres		Informant Irs Harry	y Boy	AGT	17 - 42	2nd. A	7e.
Condi gove cotse (lying cotse (cons, if an rise to it o), stoling to o), stoling to stoling to stoling to the stolen to o, stolen to o, m. certify the	HER SIGNIFICANT CON SUNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER	DITIONS 200. DES	k Ot work	PLACE OF INJURY II foctory, street, office	tome, form bldg., etc.	Port I or Port	II of item 18.) or town)	(Co	ONSET AND DEATH JECOTY (a) 19. WAS AUTOPSY PERFORMED? YES NO () (Stote) st saw the decease date stated above
ACTUAL SIGNAT PHYSICI NAME (URE AN'S Type)	Canual J.		A Dugar Sugar 2302 (w.b. Queens C		Rd.,	Avonda	le, Md	by3,1956
Buria	AL (Specify)	9/24/5	0F 56	Spring Gro			East	ON (City, town, Liver	poole	
Robe		· Pumphr	еу-В	ethesda, Md.		24a, REC'S	D BY REGISTR	AR 246 REG	ISTRAR'S SIGN	AURE

VS A15 (4) ISM 9/55

orman danne	ondered		Francis George
	Containe City		
	JVA - CZna Ave.		ince Cooning Hospital
. 23,	HOLES THE HOLESON	3 3	Рагристо -
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80	cinigrat .	Cwn Home	e Livesuch
	Hopt offee		are the door
ava José	to Harry Bower-3737 -	Stor	0%
			August 100 -
-230			***
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			17 45 144
BUREAU V. S	402		to be considered to the
SEP 26 1956			
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DECENTION FILE			A STATE OF THE PARTY OF THE PAR
holder out in	A. Marie of Man.	Time of .	distribution of the

VS A15 (4) 1SM 9/55 100

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9572 CERTIFICATE OF DEATH

Reg.	Dies	Ma

\vdash							Reg. Dist.	40.		
1.	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE o. STATE		d lived. If institution	on: Residence b	efore admission)		
-	Prince George			Maryl			e Geor			
	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write R	URAL and give	nearest town)		
	Cheverly		19 days	Hvattsv	dilla			16		
H	d. NAME OF HOSPITAL (If not in hospite	d. give stree	I address)	d. STREET ADDRESS				e. IS RESIDENCE		
	OR INSTITUTION			d. SINCE! ADDRES				ON A FARM?		
_	Prince George Ber	neral	Hospital	6013	List A	venue		YES NO		
3.	NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day Year		
	(Type or print) Jarro	. 4.	Elmo	Brogdon	OF DEATH	Cond		19 19 56		
5				B. DATE OF BIRTH		9. AGE (In years	4	AR IF UNDER 24 HRS.		
1	SEA OLOK OK IX		RIED NEVER MARRIED	b. DATE OF BIKIT		lost birthday)	Months Day			
	Male White	WIDOV		2-13-1912		lile yes.	50,	The state of the s		
10	. USUAL OCCUPATION (Give kind of we during most of working life, even if reli	rk done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY		
	Upholsterer	Lea)	Automobile	So	uth Car	olina	US	A		
12	FATHER'S NAME		automobile	14. MOTHER'S MAIDE						
'*		n						161		
	Alfred G.	proge	lon	Minni	e Cain					
15.	WAS DECEASED EVER IN U. S. ARMED	ORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ess			
fad	n, no, or unknown) (If yes, give wor or dates	of tervice)	1	loguital ma		C2.	Ma			
				ospital re	coras	Cheverly				
	18. CAUSE OF DEATH [Enter only on	/	ine for (a), (b), and (c).	C+ 0		P.		NTERVAL BETWEEN		
	PART 1. DEATH WAS CAUSED BY: Clarke Tollines of Legy of King									
	5 8 a X DUE TO									
	Conditions, if ony, which (b)									
	couse (a), stoting the under	TO								
	lying couse lost.	(c)								
Ιz	PART II. OTHER SIGNIFICANT C		CONTRIBUTING TO DEATH RUI	I NOT RELATED TO THE TE	PAINIAI DISEAS	E CONDITION CIV	ENI INI DARE 1/-	V29CTITA 24VA C		
뜮			201111111111111111111111111111111111111		TOTAL DISEAS	L COMPINON ON	ria na i wei ile	PERFORMED?		
₫								YES NO		
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Part 1 or Par	t II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINE	R)								
3	20c. TIME OF INJURY Month, Day,	Year 20d	INJURY OCCURRED 20a. PL	ACE OF INJURY (Home,	form 20f /Cib	or town)	(Coun	ity) (Stote)		
MEDICAL	Hour o. ri.	White	Not while fo	ctory, street, office bldg.,	etc.)	Or IOWIN	(C00)	ny) (Siote)		
ž	p. m.	9 of wo	rk ot work							
1	21. I certify that I attended t	he decea	sed from 8-31	19.36, to	9-19	1006	that I last	saw the deceased		
	alive an 9 = 18	10	. /							
	alive an	, 12.	2.T., and that death	accurred a2,45						
		-+	-	11	ADDRESS (S	treet, city or town,	stotely O	DATE SIGNEE		
	ACTUAL SIGNATURE	9-1		M.D.	76/12	elle	. Clas	7-17-36		
	//	1			1	,	No			
	PHYSICIAN'S NAME (Type)	lei	13 (1.1)	HYATT	841/	e,	199.			
22	P. BURIAL, CREMATION, 22b. DATE THE	REOF	226. NAME OF CEMETERY C			TION (City, town, c	r county)	(State)		
	P 9/21	/56	Fort Linco	In Cemetery	V Col	mar ano	r. Md			
23.	FUNERAL DIRECTOR'S SIGNATURE	7	ADDRESS	24		4000 KM 040	TRAR'S SIGNA	TURF		
		Hvatt	sville, Maryl	and.	SEP 24 5	6 100-	-edul			
	· duscii s ons	yatt	SATTLE CINT	DATE	OLI M	C. A. 2. 10				

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BUREAU V. S.

SEP 24 1956

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. E.

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September 1985

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	1.	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE,	18 09558
	ίe	em 20 Film 205 Item 7 Film Ou - CERTIFIC	ATÉ OF DEATH	Reg. Dist. No. 245
director director		LACE OF DEATH STEWER STANGE, MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institute on STATE b COUNTY	ion/gesidence before adgrission)
funeral lid be	· ·	RURAL and give nearest town CLL RURAL COLOR STAY IN 16	c. CITY OR TOWN (If pulside corporate timits, write)	RURAL and give hearest town)
		1. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	900 Davis ave.	e is residence on a farm? Yes \(\) no
es 1 on	1 0	NAME OF DECEASED Type or print) Edith Florence Mary	loste 4. DATE OF DEATH SEL	Day Year 19.56
rs. Pog	S. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Feb 28 1885 9 AGE (in years lost birthdy) YIS	
nd comp in pape death.)(to	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign-country),	12. CITIZEN OF WHAT COUNTRY?
ician ar I	13. (Edwin Foster	14. MOTHER MADEN NAME TO STEE	
ng physici e remove 72 hours	1S. 1	WAD DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	A 0 0 1:	iress ves level
attendi n pleas t within		Fu &	Myolozefious Tenhenia	INTERVAL BETWEEN ONSET AND DIAM
by the		Conditions, if any, which) (b) C Que	re see anemia	
an. signed sit perm		gave rise to immediate couse (a), stating the under-lying couse lost.		
physicidas been ial-tronial-troniaval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \)
ending ficate h the bur or rem	CERTIFI	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18)	
li or att his certi use os smotion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I While of work at work	PLACE OF NJURY (Home, form, loctory, street, office bldg., etc.)	(County) (Slote)
hospite After I Shed for oriot, cre		21. I certify that I attended the deceased from 6 6	01/2/	,that I last saw the deceased and an the date stated above.
y the TOR: or to bu		ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town,	
retoin RAL Shou itrar pri		PHYSICIAN'S HOWARD T MUNSE.	Takama Parke M	2
moy be FUNER Soge 3 he regis	220	BURIAL CREMATION 220 DATE THEREOF 220 NAME OF CEMETERY SEMOVAL (Specify)	OR CREMATORY POS LOCATION ICHY, IOWN,	or county) (Stote) (Stote)
VS AIS (4) ISM 97SS	22.	FUNERAL DIRECTOR'S SIGNATURE, ADDRESS CARRALL DV	HULL 24 REC'D BY REGISTRAR 246 JEG	ISTRAR'S SIGNYTUME
	17			1 White

Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

ا د ت	=			957	6	CERTIF	ICA	TE OF DEA	ГН		Reg. Dist. No	1559
director	3	ī	g. COUNTY Pri:	nce George	S	MARYL	AND	2. USUAL RESIDENCE	Where decease	d lived. If institution b. COUNTY	n: Residence before Ge	ore odmission)
funeral	(M)		b. CITY OR TOWN (If RURAL and give ne	outside carporate limi arest town) Ly	ts, write c.	LENGTH OF STAY II	i lb	c. CITY OR TOWN	or Marl	rate limits, write RU	JRAL and give ne	earest fown)
Z	1	1	OR INSTITUTION	AL (If not in hospital, g Geodrge Gens		ospital		d. STREET ADDRESS		54 A A		e. IS RESIDENCE ON A FARM? YES NO
lled in	5	3	NAME OF DECEASED (Type or print)	Fir Vii	ginia	Middle Lee	Curt	in lost	4. DATE OF DEATH	Mont Sept		Year 1956
	5	5	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED [L DATE OF BIRTH	18	9 AGE (In years last birthday) 38 yrs.	Months Days	R IF UNDER 24 HRS. Haurs Min.
_ `	deoth.	/	Oo USUAL OCCUPATION during most of work HOUSE!	ing life, even if retired	1	of business or Own Home		TRY 11. BIRTHPLACE (Si Virgi		auntry)		OF WHAT COUNTRY
icion a	offer	13	John S	amuel Hut	chise	n		14. MOTHER'S MAIDE Unkno				
ing phy	72 hours	15	NO NAS DECEASED EVER	IN U. S. ARMED FOR If yea, give wor or dates of s	CES? 16. SOC	CIAL SECURITY NO.		rormant imes B. Cu	rtin	Rt. #2	Box Marlbo	54 AA
: £1	want within			TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		or (a), (b), and (c).]	cu	lar F	ilm	Mat.	edece INTON	TERVAL BETWEEN
à.	I de la serie		Conditions, if or gave rise to in		R	le eu s	21	atic He	ert c	Freas	ze	
cian. en signed	ni bao	FICATION	lying cause last.	he <u>under-</u> DUE TO)	TRIBUTING TO DEAT	II DUT					
g physic has be	moval,							NOT RELATED TO THE TE			N IN PART I(0)	PERFORMED? YES NO
ottendin	00°,00°	CAL CEDIUS		CAUSE OF DEATH				CE OF INJURY (Home, f			/F) (State)
itol or r this ce	cremolii:	Sicolar Sicolar	Haur o. n. p. m.	19	While of work	Not while at work	fact	ory, street, office bidg.,	etc.)	/2 ::	(Caunty	(51016)
the hosp	burial,		alive on	at I attended the	deceased , 12_\$_		leath	accurred at 12.		n the causes ar	nd an the de	saw the decease ate stated above
(a) (b)	prior to		ACTUAL SIGNATURE	allian	- <u>/</u>	Bran	N	Co. Confe	Stell.	treet, city or town, a	ul	3/3/5
be reto	gistror	2	PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION	VI Iliau	ب الا	KYCLINI 2c. NAME OF CEMET		CREMATORY	22d 10CA	TION (City, tawn, or	r county)	(Stole)
TO FU	the contract of the contract o		REMOVAL (Specify) BUILD A	9/6/56				Cometery		per Mar		Md.
VS A15 (15M 9/5	4)	Ļ	Milelle	O Krose	1/1	men the	an	Hero asol	26 1	955	. W. Ble	duck

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

S S N NATURE S 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1956)

577 CERTIFICATE OF DEA

Reg. Dist. No.

- [. PLACE OF DEATH—	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY Trivice GEOVES MARYLAND	a. STATE MD 6. COUNTY PRINCE GEORGE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearly town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
×	Cheizerlu	LOTHIAN
2	d. NAME OF HOSPITAL (If not in hospitol, give-street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
L	trivice Gronges	YES NO
	NAME OF First Middle DECEASED Middle	Last 4. DATE Manth Day Year
Н	(Type or print) MARY 2.	DAVIS DEATH SEPT, 14 1956
1	S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
Ш	WIDOWED DIVORCED	3-20-20 Idea birthdoy) Manths Days Hours Min.
	Oa. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUS during most of working life, even if refired)	
	omestic	Maryland U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
П	Arthur Curtis	Sadie B elt
١ĺ١	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In	NFORMANT Address
4		mond Davis Drury, Md.
Ī	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1 INTERVAL_BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DOCK SECO	and ary to hemorrhage onset and DEATH
1	6 10 X DUE TO 1) 1	0.11.
1	Conditions, if ony, which) (b) 1000 1/8	Thibrinogenemia Shows
	gove rise to immediate Couse (o), stating the under-	2 1 (20-7)
ı	lying cause lost. (c) TEMATURE	reparation d) Placenta Shows
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NO RELATED TO THE TERMINAS DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
.	3	YES & NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Port 11 of item 18.)
	· ·	
		ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
	p. m. 19 ot work of at work	
1	21. I certify that I attended the deceased from.	, 19, to, 19, that I last saw the deceased
1	alive an Sept. 14, 19 SC, and that death	accurred at 500 PM, from the causes and an the date stated above.
ı	DI. 21 las 0.0	ADDRESS (Street, city or lown, state) DATE SIGNED
ı	SIGNATURE COULD H. MOOCY)	40. 918 Elloword Drive, Sel. SB. Md.
1	PHYSICIAN'S	9/15/56
Ĺ	PHYSICIAN'S LOUIS H. MOORY JR-	
	REMOVAL (Specify) 26. DATE THEREOF 22c. NAME OF CEMETERY OF	ECREMATORY 22d. (SCATION (City. lown, or county) (State)
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 182	240. REC'D BY REGISTRAR 246. PEDISTRARS SIGNATURE
	Kurm J. M. Leere Ch)	WASH DONE SEP 19 56 Cll Leavel
-		

VS A15 (4) 15M 9/55

BUREAU V. S.

SEP 19 1.36

BECEINE

DECENTO

9961 91 100

BUREAU V. S.

1				MARYI	AND STA	TE DEPARTM	ENT OF HEAL	TH-BALTI	MORE, 18	0.054	21
				9579		CERTIFICA	ATE OF DEAT	TH	R	(1195) eg. Dist. No. 1	239
director iled will	3	1, F	LACE OF DEATH	in an	1111	MARYLAND	2. USUAL RESIDENCE (Where deceased li	red. If institution:	Residence before	odmission)
eral Feral		E	CITY OR TOWN	(If outside comprate limitearest towns	ts, white c. LEN	GTH OF STAY IN 16	c. CITY OF TOWN (If our kide corporate	limits, write RURA	L and give meare	nt joyan)
e fun	7	-	I. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, g	ive street address)	5 yre	d. STREET ADDRESS	ne -	L	e.	IS RESIDENCE ON A FARM?
i i		3. N	3/2 IAME OF	Main ,	Street	Middle	3/2 /	14. DATE	Shee		YES NO
illed		1	PECEASED Type or print)	Rosa	A	Diven	LOST	OF DEATH	Sept	Doy	Year 19.5 (
sletely i		5. \$	EX F	6. COLOR OR RACE	7. MARRIED []	NEVER MARRIED	B. DATE OF BIRTH	1881		UNDER 1 YEAR II	F UNDER 24 HRS. Hours Min.
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ian an	offer o	13. 1	TATHER'S NAME		2//	1	14. MOTHER'S MAIDEN	N DISME	1117		
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atten	April Transport	Н		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE to	" A 1	(b), ond (c).]	Lucy 6.	3. Lan	20	INTER	VAL BETWEEN
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ysicial beem	(a)	NO N		, 10	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
d Bu	e mo	TIFICA	20g. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	206. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of injury	in Port I or Port It	of item 18.)	,	YES NO Z
Hendi	iii c		(IF EITHER, NOTIF	MEDICAL EXAMINER)		-					
ol ar a	emotio	MEDICA	20c. TIME OF INJU Hour a. ji. p. m.	RY Month, Day, Yes		Lubile 10	ACE OF INJURY (Home, for	erm, 20f. (City or	town)	(County)	(State)
haspit Aft≡ t	[6] [7]			hats attended the	deceased from		, 19 <u>.5.3</u> , to	9-17	,		v the deceased
O. P.	o pri		alive on		1950	, and that death	occurred at2		he causes and t, city ardown, stot		stated above. DATE SIGNED
E	5.5		ACTUAL SIGNATURE	7/45	0	225	M.D. 314	C-122	plan	un	7/19/30
ERAL FRAL	1		PHYSICIAN'S NAME (Type)	NB°	STEI	vaRI	> >	Can		\rightarrow t	/ /
FE N	e e	220.	REMOVAL (Specify		10 19 1 B	AME OF CEMETERY O	CREMATORY Cem.	22d. LOCK 10	N (City, town, or o	Man	(State)
WS A15 (15M 9/5	4)	23.	FUNERAL DIRECTO	r's signature	-O	DORESS	1 /2 Sa	LOCA	24b. REGISTR	AR'S SIGNATURE	house
15M 9/5	12		Vermil	a rosan	The day	June	77. 14.45	1000	0[///.	1 Stall	

1EP 2, 1956

VS A15 (4) 1SM 9/\$5

MARYLAND	STATE	DEPARTME	NT OF	HEALTH	-BALTIM	ORE,	18	0956

L		961	9	CERTIF	-ICA	TE OF DEATH	1		Reg. D	ist. No.	24	43
1,	PLACE OF DEATH o. COUNTY Pri	nce George	s	MARYL	AND	2. USUAL RESIDENCE (Who. STATE D.C.	ere decease	d lived. If institution b. COUNTY	on: Reside	nce befa	re odmiss	uon)
	b. CITY OR TOWN (IF RURAL and give no Glenn Dal	arest town)	ts, write	1 yr.5 mo's	11	c. CITY OR TOWN (If o		orate limits, write R	URAL and	give nec	rest town	n)
	OR INSTITUTION			oddress) 19 days	3.	d. STREET ADDRESS	St.,	N.W.	~			FARM?
3.	NAME OF DECEASED (Type or print)	Fin Harr	ison	Middle M.		Edelen	4. DATE OF DEATH	Mon 9	th	13	<u> </u>	Year 1956
L	sex Male	Negro	WIDOWI	Lagran .		DATE OF BIRTH 11/20/77		9. AGE (In years last birthday) 78 yrs.	Months	Days	Hours	ER 24 HRS. Min.
L	Postal ins	ing ine, even it tellted)	KIND OF BUSINESS OR Federal Govi		maryland	ar foreign c	ountry)		U.S.		COUNTRY?
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
L	George Ed					Sarah Chap	oman					
	. WAS DECEASED EVER	! IN U. S. ARMED FOR It yes, give war or dates of t		SOCIAL SECURITY NO.	17. IN	FORMANT		Addi	ess			
	no			None	<u> </u>	Decedent						
		-		ne far (a), (b), and (c).]		sigmoid with				INTE	RYAL BE	TWEEN
CERTIFICATION	Conditions, if on gave rise to in cotte (a), stating t lying couse lost. PART II. OTH 1) Pulmo	DUE TO y, which nmediate he <u>under-</u> ER SIGNIFICANT CON TIATY tuber	meta	CONTRIBUTING TO DEAT / U VOATS	H BUT N	NOT RELATED TO THE TERMIN algangrene of (Enter noture of injury in P	NAL DISEAS	E CONDITION GIV			PERFC	
MEDICAL CERT		LI CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Ye			Oe. PLA	CE OF INJURY (Home, farm, bry, street, affice bldg., etc.	, 20f. (Cih		((County)		(State)
W.	21. I certify the alive an 9/	at I attended the 13/56 aniel Leo	decease, 19	ed fram3/25	death	occurred at 8:15	M, from	n the causes a treet, city or town,	nd an 1 stote)	he da	te state	deceased ed abave. ATE SIGNED 9/13/5
22	REMOVAL (Specify)	1111	16	Meust C	ERY OR		22d. LOCA	TION (City, town, o	r county)		O. C	
223	GUNERAL DIRECTOR'S	signature Ta	neral	ADDRESS Prusie	291	H S, Just DATE	PRY REGIST	TRAR 24b. REGIS	trar's si	GNATUR	e in	

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s 'A RYT'NI

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution-Residence before admission) PLACE OF DEASH a. COUNTY / o. STATE C b. COUNTY c. CITY OR TOWN (If certaide corporate limits, write RURAL and give negret fown) DENGTH OF STAY IN 16 d. NAME OF HOSPITAL e. IS RESIDENCE (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO I NAME OF Middle DATE Month DECEASED (Type or print) DEATH ک-19 B. DATE OF BIRTH 9. AGÉ (in years IF UNDER TYEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. Months WIDOWED [7] DIVORCED o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? returne 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS PERFORMED? NO W 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while 0. m. at work at work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry 14, and find that death resulted from: Natural causes V Accident Suicide . Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER [7] ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL CREMATION, 226. DATE THEREOF 22c, NAME OF GEMETERY OR CREMATORY 22d_AQCATION (City, town, (Stote) 11266 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240_ REC'D BY REGISTRAR VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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17 A 150 513

	1. 5	PLACE OF DEATH				2 USUAL RESIDENCE (W	There deceased live	ed. If institutio	Reg. Dist. No.	admission)
			Prince Geor		MARYLAND	Maryla	.nd	b. COUNTY	Pr. Geo	•
frei)	1	 b. CITY OR TOWN (RURAL and give n 	(If outside corporate limit learest town)	s, write c. Ll	ENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	limits, write RL	JRAL and give neares	I town)
~ \ \ \ \	L	Upper	Marlboro			Upper	Marlboro)		
>	Ľ	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street addre	rss)	d. STREET ADDRESS				S RESIDEN ON A FARI EST NO
		NAME OF DECEASED (Type or print)	Fin STA	NLEY	Middle	FORBES	4. DATE OF DEATH	Mont Sej	pt. 7, 195	6 Year
	5. S	M.	Col.	WIDOWED [DIVORCED	B. DATE OF BIRTH		ost birthday) 76(?)rs.	Months Days H	UNDER 24
1	10a.	. USUAL OCCUPATION during most of working	ON (Give kind of work or king life, even if retired)	ione 10b, KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SION	or foreign country 'yland	ry)	12. CITIZEN OF V	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	L		mes Forbes			I.	largaret	Boone		
~~	15. Yes	WAS DECEASED EVI	ER IN U. S. ARMED FORG	CES? 16. SOCIA	AL SECURITY NO. 17. II	NFORMANT		Addre	ess	
1 9						Mrs. Mellie	Forbes	Upj	per Marlbo	ro, M
		PART I. DE	iny, which) But	use per line for	Conto Co Lenos de	rote CV	Llesea	ise	ONSCI	AL BETWEI
- /		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Iny, which mmediate	an An	Conto Co Levros cle	rote CV	Musea	se_	ONSCI	AND DEA
5)	CATION	PART I. DE/ Conditions, if a gave rise to i couse (a), slating lying couse fast.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO DUE TO DUE TO DUE TO DUE TO Commediate the under- (c)	an An	tenoscle	rotic CV	Alisea MINAL DISEASE CO	NOTITION GIVE	ONSEL 3 1.5	AND DEA
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5	MEDICAL CERTIFI	PART I. DE/ Conditions, if a gave rise to i couse (a), stating lying cause lost. PART II. OT 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour a. jr. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INY, which mediate the under- the under- HER SIGNIFICANT CONG AS UNDERLYING AS	DITIONS CONTR	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Not while of work	D. (Enter nature of injury in ACE OF INJURY (Home, far. ctory, street, office bldg., et	Part I or Part II o	own) 1956 19 Causes at	(County) (County) (County)	NAS AUTO EEFORMEE (5)
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					TATE DEPARTM				18	9561	7
		,	9632 MI	DICA	L EXAMINER'S				Reg. Dist.	No.	pafor
	1.	PLACE OF DEATH a. COUNTY	Primas Car		MARYLAND	2. USUAL RESIDENCE (Where decec	sed leved. If institu b. COUNT		before odm	nission)
- \		b. CITY OR TOWN ((If autside corporate limits, wri	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	porate limits, write	RURAL and giv	e nearest to	own)
·是 X	- bear	ort Washi		If not in hos	Transient pitol, give street oddress)	Washington			7 3 7	la. 15 8	RESIDENCE
1			ngton and W			179 Orange	St. S	E		ON	A FARM?
		NAME OF DECEASED	Fi	rst le	Middle	Last	4. DATE	Mont		* .	Year
	_	(Type or print) SEX	Charles	7. MARRIE	Leroy D NEVER MARRIED 8	Ford	DEATH	Sept 9. AGE (In years	IF UNDER TYE		19 56
	1	Male	White	WIDOWE			d.	lost birthday)	Months Day		
	100	LISUAL OCCUPAT	ION (Give kind of work		IND OF BUSINESS OR INDUST	TRY 11. SIRTHPLACE (Stot			12 CITIZEN	OF WHAT	T COUNTRY
- 1		Machinia	ing life, even if retired)	Ula	rbnown	Maryland			U.S	.A.	
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
	L		Arthur Ford			Doris Nee	krate				
F		WAS DECEASED E	YER IN U. S. ARMED FO		11	NFORMANT		Address			
1 1	<u> </u>	No				ank R. Ford	Same	as # 2	1.		
			ATH [Enter only one co ATH WAS CAUSED BY:	· ·		nhaele			18	NTERVAL BETWO	VEEN EATH
		100	IMMEDIATE CAUSE (o)	emorrhage and	SHOCK					
~		Conditions, if	DUE TO	. 1	ultiple crushi	ing iniuries	to the	e head. b	ody and		
		gove rise to imme	ediote cause		temeties						
		cause last.	(c)							
C	CERTIFICATION	PART II, OT	THER SIGNIFICANT COM	DITIONS CO	INTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	AINALDISEAS	SE CONDITION GIV	EN IN PART 1(c	19. WAS PERFO YES [AUTOPSY ORMED? NO
	ERTIF	20g. EXTERNAL CA PRIMARY DE or CO CAUSE OF DEATH	AUSE WAS 2		HOW INJURY OCCURRED. (6						
	13	20c. TIME OF INJE		pr 20d d	er of an auton	ce OF INJURY (Home for	ran of:	f the roa	d and s	truck	(Stote)
1	MEDIC	Hour 300m.		while	Not while fact	ory, street, office bidg., et	E.]	t Washing			Md.
	2				emains described abo						
					, Accident , Sui	_		ndetermined o			rino ma
	П			06	3 1						
1		ACTUAL	much	W/	00~1	_M.D. CHIEF MEDICAL E	XAMINER _]		DATE	SIGNED
3K →		EXAMINER'S			0'\	ASSISTANT MEDIC					
		NAME (Type)	James I. H			DEPUTY MEDICAL			ptember		
	220	BURIAL, CREMATI REMOVAL (Specify	ON, 22b. DATE THERE	OF .	22c. NAME OF CEMETERY OR	CREMATORY	72d. LOCA	TION (City, town,	or county)	(Stol	ite)
		72	1 In late and		A 10 - 1 - 1 - 1	2 //		. Ind a		11/30	
	23.	FUNERAL DIRECTO	KE SIGNATURE . /	154	ADDRESS	240. REC	O BY REGIST	r / 70 - Trar 26. regi:	TRAR'S SIGNÁ	TURE	
	23.	FUNERAL DIRECTO	SIGNATURE /	754	ADDRESS BLUE	24g. REC	O BY REGIST	1.00	STRAR'S SIGNÁ		lella.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9589 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Res

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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY O. STATE Prince Georges Prince Georges MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, were RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 6 2.Y 5 Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Prince George # General Hesp YES NO NAME OF 4. DATE First Middle Month Day Year DECEASED 9_ 1956 Freedman (Type or print) Jeme s DEATH 30-6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE_(In years IFUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | DIVORCED [yrs, 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ? 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for ja), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Bronchooneumonia IMMEDIATE CAUSE (a) **DUE TO** Fracture dislocation of cervical mertebra 76 Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗔 NO T 20a EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) automobile which in the Passenwer 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) factory, street, office bldg., etc.) Not while Waldorf. Charles. 9-91---19 56 at wark [] at wark [X] 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection TR Inquiry Th and find that death resulted from: Natural causes , Accident N, Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINE 10-1-56 "sloney. .D. DEPUTY MEDICAL EXAMINERAL NAME (Type John 22g. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 10/6/56 Woodlawn Cemetery Washington. D. C. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE 901 3rd. St., S. W. John T. Rhines, Co. DATE OCT 9 washington; D. C.

VS. A15ME(5)

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
8 0 g		958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1956)	
	ía-	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) 3. COUNTY 4. COUNTY	
4. 5	_ \	Prince Georges MARYLAND Maryland Prince Georges	
eg leig(b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	_
46		Cheverly 1 hour Greenbelt d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDEN	<u> </u>
8	25	ON A FAR	M2/
file file gr		Prince Georges General Hospital 3-H Research Road TES NO. 3. NAME OF First Middle Last 4. DATE Month Day Year	_ d
neral raur gistre		(Type or print) Steven Leurence Ffissell DEATH September 19. 1956	
و تو و		5. SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO B. B. DATE OF RIGHT 9. AGE (In years I FUNDER IVEAR IF UNDER 24)	
5 6 € ÷ 6 €		Male White WIDOWED DIVORCED Septak 1951 5 yrs. Monifes Days Hours Min.	
× to t		10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNduring most of working life, even if retired)	TRY?
g g	1	None Washington, D.C. U.S.A.	
7, 2,		13. FATHER'S NAME	
200 200 200 200 200 200 200 200 200 200		Harry J. Frissell Betty Ann Douglas	
re Poges Poge 5 File poge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unknown] [If you, give war or doles of service] Address	_
-	1 ;	Mazie H. Douglas, 911 F.Street, N.E. Wash	D
3 1= /		ONSEL AND DEATH	
lem 18. farm Pl sit perm	1		
id \$ id	*	Canditions, if any, which Subdural hemorrhage:	
pencil		gave rise to immediate couse	
9 6 2		(a), stoting the underlying occurs last.	
Fice as o	*	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED.	
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pend iner's be us		20c. EXTERNAL CAUSE WAS PRIMARY Et ar CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH Automobile collision Description Automobile collision Description Description Automobile collision Description Description Automobile collision Description Des	
ward Exam should		TOTAL COTTENTO DECEMBER MED TENTIFY OF STREET	
200	1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm., Place of Injury (County) (Sto factory, street, office bldg., etc.) Street. Cheverly Pr. Geo. Maryle	
g the edical	- 1		
rriting ef Mec R: Pag		21. I certify that I took charge of the remains described above, held an Autapsy 🔣, Inspection 🔟, Inquiry 💽 and find	that
ate, w		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	
E o E		ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGNED	,
9	Α.	ASSISTANT MEDICAL EXAMINER [
farwarded farwarded FUNERAL or remaval		NAME (Type) John T. Maloney. M.D. DEPUTY MEDICAL EXAMINER September 19. 1956	
farvo farvo FUN or rei		220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Gity, town, or county) (State)	
5 to 2		burian 9/24/56 ft.Lincon Cem. Washington DC	
A15ME(5)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Washington 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
M 9/55	#	J. Wm Lee Sono Co 300 4th St., NE DATEEP 24 56 (1) Leavel	

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BUREAU V. Z.

DE VIETO TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SULEAU. V. S

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(PAISOM)

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.0524
	9582 CERTIFICATE OF DEATH Reg. Dis	09571
1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	
_	BINCE GEORGE MARYLAND MARYLAND POLL	nce George
130	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest laws) C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest laws)	ve nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Para 2000 A Company of the Para 2000 A Company of	e. IS RESIDENCE: ON A FARM?
3	NAME OF First Middle Lost 4. DATE Month	Day Year
	(Type or print) (The nuc) GREER DEATH Sept	23 - 1956
L	Male Colored WIDOWED DIVORCED 4 July 1898 Jost birthday) Manths	YEAR IF UNDER 24 HRS Days Hours Min.
10	to. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI.	TEN OF WHAT COUNTRY?
1:	FATHER'S NAME	
15	Unknown WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (17. INFORMANT Address	
	os. no. or unknown) (If yes, give wor or dotas of service)	
	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 039 PS FINE / PART FRI URE	
	Canditions, if any, which) (b)	
	gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO	
NO EAST	/ 19	1(a) 19. WAS AUTOPSY PERFORMED?
1409		YES NO
917937	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ounty) (State)
	21. I certify that I attended the deceased from, 19, ta9-23, 1956, that I ke	ast saw the deceased
	alive on	e date stated above.
	ACTUAL SIGNATURE William Braning. 6124 (Instant Ann	DATE SIGNED
	PHYSICIAN'S WILLIAM BRAININ Country Light m	/
2	DE BURIAL, CREMATION, 226. DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY 22d. LOCATION CT., town, or county)	(State)
2:	PUNERAL DIRECTOR'S SIGNATUPE ADDRESS 240. REC'D BY REGISTRAT 240. REGISTRAT'S SIGNATUPE	NATURE
Ĺ	Villiam & Danglor 524-8-STNE DATE 8 56 Upsteduch	

SI VIVIUNE

Reg. Dist. No.

H

	1, PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)								
	Prince Georges MARYLAND						o. STATE Maryland b. COUNTY Pr. Geo.							
	b. CITY OR TOWN (If	outside corporate lizzits, write	RURAL	c. LENGTH O	F STAY IN 16									
		heverly		12 6	lays.	Mitchellville								
	d. NAME OF HOSPITA	AL OR INSTITUTION (f not in			d. STREET	ADDRESS						SIDENCE	
		orges Gene	Hospital									A FARM? /		
3.	NAME OF DECEASED	Fin	ıt .	Mi	ddle	Lac	nt	4. DATE	Mai	1th	Day	γ	ear	
	(Type or print)	Phillip			Har	ried		DEATH	Sept.	23	19 56			
5.	SEX	6. COLOR OR RACE	7- MAI	RIED NEVER A	AARRIED 🔲	B. DATE OF BIRT	Н		9. AGE (In years lost building)	IFUNDER		-		
	Male	colored	WIDOV	VED DIVO	ORCED 🔲	March	16. 19	91li	12 yr	Months	Days	Hours	Min.	
100	USUAL OCCUPATION	ON (Give kind of work of life, even if retired)	done 10t	. KIND OF BUSINE	SS OR INDUS	TRY 11. BIRTHP	LACE (State	or foreign o	country)	12. CITI	ZEN O	WHAT	COUNTRY?	
Ι`	Labore			Saw-mill			vland				U.S	.A.		
13.	FATHER'S NAME					14. MOTHER'S		NAME			0 00	4440		
	Phillip	Harried				1	Marry 1	Bordle	V					
		R IN U. S. ARMED FOI		6. SOCIAL SECURIT	IY NO. 17. I	NFORMANT			Addre	48				
	No.	(in you, give were or occurs or	ALVICE !		J	ulia Tu	mer.	Mitch	ellsvil	Le. Md.	,			
	18. CAUSE OF DEAT	H Enter only one cou	se per li	ne for (o), (b), and							INTER	VAL BETWE		
	PART I. DEAT	H WAS CAUSED BY:		Compres	ssion o	f spina	1 core	d			ONSE	T AND DEA	I M	
		DUE TO												
	Conditions, if ony, which) (b) Fracture dislocation of cervical spine													
	gove rise to immediate cause													
	(o), stating the u	[c].												
Z	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBLTING TO	DEATH BUT I	NOT RELATED TO	THE TERMI	INALDISEAS	E CONDITION G	IVEN IN PART	1(a) 19	, WAS A	AUTOPSY	
CERTIFICATION									à		1	PERFO	RMED?	
ĮĔ	20g. EXTERNAL CAU	SE WAS 20	b. DESCI	RIBE HOW INJURY	OCCURRED. (I	Enter noture of in	niury in Port	t 1 or Port II	of item 18.1			- UK.		
3	CAUSE OF DEATH,	TRIBUTING []		er of an					-	ther a	uta	mobi	le.	
13	20c. TIME OF INJUR	V March D. Van		I. INJURY OCCURR	ED 20e. PLA	CE OF INJURY (Home, form	20f. (City		(Cou			(Stote)	
MEDICAL	7-48 or 100k	9-8-56	- W	hile Not while work at work	mer foci	ory, street, offici Street	e bldg., etc.	} ;	_	r. Geo	1	W.A.	, ,	
 ^		at I took charge	_				Autons						find that	
		from: Natural									, C	unu	mu mai	
				0	,	C.GC	TORNICIGE	Д, о	nderermined	caose [_]				
	ACTUAL ()	Phon D. 9	171 -	loners		CHIEF I	MEDICAL EX	CAMINER [7]				DATE S	IGNED	
	SIGNATURE	the contract	114	any		M.D.		AL EXAMINE						
	EXAMINER'S NAME (Type)	John T. Ma	lone	y, M.D.				EXAMINER	Bargal	ot. 21,	19	56		
220	BURIAL, CREMATION REMOVAL (Specify)	226 DATE THEREO		22c. NAMBOF	CEMETERY OF	CREMMORY.		med. LOCA	TION ICity, lown	or county)	/,	Stote	7	
23.	FUNERAL DIRECTOR	SIGNATURE	1	ADDRESS		1/-	24a. REC'I	D BY REGIST	TRAR 245. REC	HSTRAR'S SIG	NATUR	E		
(Ann	LOF 100	ms	m An	nalp	res	DATE	SEP 2:	7 198	ist in	in 1	Ħ .		
									1	N 17 a	6.0			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEP 13 1956

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8.8	,4 \	9626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
Par lo		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
4)		Prince Georges MARYLAND O. STATE Maryland b. COUNTY Montgomery
Page burial		b. CITY OR TOWN (if outside corporate limits, write RURAL ond give nearest fown) ond give nearest fown)
	X	Camp Springs Transient Silver Springs
تَ وَ	20	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
i i i	UF.	In a pond 10805 Keller Sti YES □ NO X
the funeral of far yaur fil		A. DATE OF DECEASED PAUL CARRINGTON HART Lost September 1 19 56
for e		5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 14EAR IF UNDER 24 HR
		Male White WIDOWED DIVORCED 21 May 1909 47 yrs. Months Days Haurs Min.
etaine ×ith	,	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
be rand 3	_ /	Vell Drilling Operator Cola Well Co. Va. U.S.A.
~ 6 ~		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 8 vn 00	_	John H. Hart Irene McGhee
1 2 5 8	1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MILDRED S. HART Same as # 2 (Wife)
- " VX)/	
ran PM3.		1B. CAUSE OF DEATH [Enter only one couse per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: A: DEATH WAS CAU
		IMMEDIATE CAUSE (o) ASPHYXIA:
ansi f	,	7 ACT. 8 DUE TO
pencil in Item along with fa burial-transit	V	Conditions, If ony, which of Drowning gove rise to immediate couse
pencil alang burial		(o), stating the underlying DUE TO
0 = 0 0 = 0 0 = 0		AT THE CONTRICT CONTRICT CONTRICTS TO BEAT BUT NOT BUT TO THE TOWN DIFFER CONTRICT ON THE ATTER TO THE TOWN DIFFER CONTRICTS OF THE
202	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19 PERFORMED? YES NO CONTRIBUTIONS OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19 PERFORMED? YES NO CONTRIBUTIONS OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19 PERFORMED? YES NO CONTRIBUTIONS OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 19 PERFORMED?
pend iner's be us		200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
		I was wadang in a nong ang out stiller in the much
ward Exam should	1 .	\$ 120. TIME OF INJURY Month, Day, Year 120d, INJURY OCCURRED 120e. PLACE OF INJURY (Hame, form, 120f, (City or town) (County) (Stote)
# 8 m	16,	92300.m. 9/1/56 19 While Not white Acctor treet, office bldg., etc.) Camp Spring P.G. Md.
Medit Medit		21. I certify that I taok charge of the remains described above, held on Autopsy . Inspection , Inquiry , and find the
S. F. C.		deoth resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
tote, wi		ACTUAL DATE SIGNED
	05.	SIGNATURE M.D. CITE MEDICAL CAPATINES
warded WERA remayal		ASSISTANT MEDICAL EXAMINER 9/3/56
or the converged FUNERA		NAME (1/6) James 1. Boyd: M.D. DEPUTY MEDICAL EXAMINERX 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
9 5 5 6 F		Burial 9/5/56 Arlington National Ceme: Arlington, Va.
-		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
S. A15ME(5) 5M 9/55		F. GASCH'S SONS Hyattsville, Md. Spap 7 1956 Carrie Campbella

BUREAU V. C.

JEANS THE

VS A15 (4) 15M 9/55 M

A A DAVE A A ID	CTATE DEDARTMENT	AF 115 44 511 - DA 4 514 4 ADD	-
MAKTLANU	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	115
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CERTIFICATE OF DEATH

90 83	CERTITO	ALE OF BEATTI	Reg.	Reg. Dist. No.						
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where d	deceased lived. If institution: Resid	dence before admission)						
Prince Georges Co	MARYLAND	o. STATE Maryland	b. COUNTY Pr	Geo.						
b. CITY OR TOWN (If outside corporate limits, w			le corporate limits, write RURAL on							
RURAL and give nearest town)	2 30									
d. NAME OF HOSPITAL (If not in hospital, give :	3 days	Fairmont He	ights	e. IS RESIDENCE						
OR INSTITUTION Prince Georges	General Hosp.			ON A FARM?						
1122100 000160	denotal noops	1009 Addison	n Road	YES NO IK						
3. NAME OF First DECEASED	Middle	Lost 4.	DATE Month	Day Year						
(Type or print) Janis	Marlene	Harvell	of DEATH Sentem	ber 23 19 56						
		B. DATE OF BIRTH	9. AGE (In years IF UND	DER I YEAR IF UNDER 24 HRS.						
P	DOWED DIVORCED	C	lost birthday) Month	s Days Hours Min.						
00. USUAL OCCUPATION (Give kind of work done		Sept. 20, 1956		CITIZEN OF WHAT COUNTRY						
during most of working life, even if retired)	I SOL KIND OF BUSINESS OK INDU		reight country)	CHIZEN OF WHAT COUNTRY						
2	l	Md.								
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Louis Math		Amy Christin	ne Harvell							
5. WAS DECEASED EVER IN U. S. ARMED FORCEST (Yes, no. or unknown) (If yes, give war or doles of service	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address							
(1) yet governor or bould be service	M	other as abo	ove.							
18. CAUSE OF DEATH [Enter only one couse	per line for (o), (b), and (c).)		.4	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:		Otil	ortani	ONSET AND DEATH						
IMMEDIATE CAUSE (o)		un								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions if may which by ONSET AND DEATH Conditions of may which by ONSET AND DEATH										
Conditions, if any, which gove rise to immediate		- Ine	man							
cause (o), stoting the under-										
lying couse lost. (c)										
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY						
<u> </u>				PERFORMED? YES NO NO						
200. ACCIDENT WAS UNDERLYING 206	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I	or Part II of item 18.)							
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	Rod. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20	Of ICity or towns	10						
Hour a. n.	Vhile Not while for	ctory, street, office bldg., etc.)	ii. (City or town)	(County) (Stote)						
p. m. 19	I work O ol work									
21. I certify that I attended the de	ceased fram 9/20/56	, 19, ta9/23	3/56 19 that	I last saw the deceased						
alive on 9/23/56	19 and that death	accurred at 10 100 AM	, fram the causes and an							
0011	/3' /		BESS (Street, city or Jown, stole)	DAME SIGNED						
SIGNATURE STUME	() were	5301 4	ount to S	9/20/50						
SIGNATURE	1) 1	M.D								
PHYSICIAN'S NAME (Type)	N. Tevkine	0 41	woth willo	No						
		·	44112-21116	1-14						
A20, BURIAL CLEMATION, 226 DATE THEREOF	224 NAME OF CEMETERY O	R CREMATORY Ad.	LOCATION (City) town, or county	y) (Store)						
Charles of the 10	P Wormer &	1 Koldental	& cure	and loved						
23. FUNERAL DIRECTOR'S SIGNATURE	ADORESS	24a. REC'D BY	REGISTRAR 246. REGISTRAR'S	SIGNATURE						
Jan Valen	~ M. Geo	DATE OCT	2 2 56 \ W.f. ed	buch						

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death:



SUREAU V. S.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69576
∳ \$ °c		9627 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
eose ex should b	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 2. COUNTY (1)
77. pl		2. CITY OR TOWN (If authide corporate limits, write RURAL and give peorest found)
. Pos	L	Clinton Chinton
M)	3	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3. STREET ADDRESS ON A FARM? YES NO
y delo nerol o your fi gistror		NAME OF DECEASED DECEASED Type or print) OF THE LOST Middle Lost A. DATE OF DEATH A. DATE Month Day Year OF DEATH A. DATE Month Day Year OF DEATH
If on the fur d for)	5.5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in your lift under 14 Hrs.
Seoth. 3 to staine with	100	Usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE/State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ond 2		Housewiff leven Home Pennsylvania M. S. C
spes 1, 2	13.	questor Englo Englo 14. MOTHER'S MAIDEN NAME HOffman
ve Poge Poge File po	15. (Yes	MAS DECEASED EVER IN U. S. ARMED FORCES? IS SOCIAL SECURITY NO. 12. INFORMANT Pull Hellman Address Address Address Address
P.M.3.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
ecute form lifern sit pe		IMMEDIATE CAUSE (a)
be ex		Canditions, if any, which gave rise to immediate course (b) (1.01) the thematical directions
hould penc mlong burio		(a), stating the underlying DUETO cause last.
ing" in Office ad as o	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO IT
is certification in the second of the second	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
ER: The more of Exerts should	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or lawn) (County) (State)
AMIN Medica oge 3	MEDI	p. m. 19 at work at work
=rifi		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
ficote, he of		ACTUAL SIGNED DATE SIGNED
ovol.		EXAMINER'S ASSISTANT MEDICAL EXAMINER
DEPU into the prwore FUNEI	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State)
5 25 5	K	Bured 19-17-1958 aplengton hat ax myer, Va
VS. A15ME(5) 5M 9/55	23. A	MUNERAL DIRECTOR'S SIGNATURE ADDRESS 31-01/5 PAGE REC'D BY REGISTRAR'S SIGNATURE CLENKE DATE CAPILLO CAMPBELLA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BULEAU V.

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Marion

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 49578
1		9559 CERTIFICATE OF DEATH Reg. Dist. No. 245
		PLACE OF DEATH O. COUNTY Prince Ge MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE MARYLAND b. COUNTY Prince Ge O
). See		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give pearest fown) AHATSVILLE 8445 HUATTSVILLE
हु व	£	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 29 = ACENCIE 5607-29 = ACENCIE 5609 29th Cive. e. IS RESIDENCE ON A FARM? YES NO.
		NAME OF DECEASED (Type or print) ANNA ISABELLE HIATT DEATH 9 - // 195
	L	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 2-26-73 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HS In years In years If Under 1 YEAR IF UNDER 24 HS If UNDER
1		a. USUAL OCCUPATION (Give kind of work done during most) of working life, even if relired) HOUSE WIFE ATHORS LLINOIS 12. CITIZEN OF WHAT COUNTY II. 8IRTHPLACE (Stote or foreign country) LLINOIS U.S. A.
		FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME UNKNOWN
2	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 15. no. og unknown) (16 yes, give word deres of service) 579-44-75558 Herman Healt 5609 29th ave.
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate cause (c), stoting the under-lying cause last. DUE TO DUE TO Conditions to immediate cause (c), stoting the under-lying cause last. (c)
<i>(</i>)	FICATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? YES \(\sum \) NO
	CAL CERTI	20s. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Ste
	DIE III	Hour a. jt. While Not while factory, street, office bldg., etc.) p. m. 19 While Not while at work at work
1		21. I certify that I attended the deceased from fith 1, 19 to supply 19 to state I last saw the deceased alive on supply 19 to 19 to state I last saw the deceased alive on 19 to 19
		PHYSICIAN'S ERWIN STEINMAN M.D.
	1	O. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY COLMAR MANOR PRESONO. (Stole)
	23.	FUNERAL DIRECTOR'S SIGNATURE O - Spice dela May 240. REC'D 84 REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DELT. H 1950 Mms. Los Ser
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בי כי בי	a the ce atte, writing the word "peniling" in pillot in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	the Chief Wedical Examiner's O'Wice along with form PM3. Page 5 may be retained for your file	UNERAL ECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar permit, to burial, cremation,	
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on, on				958 ^{ME}	DICA	L EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Di	ist. No.	2	31
ould	1	1.	PLACE OF DEATH	,				2. USUAL RESIDENCE (Where decea			nce befo	re admis	ision)
please 4 shoul		1	e. COUNIT	Prince Geor	rges	MARY	LAND	o. STATE Maryl	and	b. COUNTY	Pri	nce	Geor	ges
or. Poge to buried	20	'	and give reasest to	(If autside corporate timits, write wn)	e RURAL	C. LENGTH OF STAY	N 16	c. CITY.OR TOWN (I	7 -	porote limits, write	RURAL and	give ne	orest tow	n)
cess . P.	51	_		Cheverly		1 And Shirth		Cheve	rly					
	*			ITAL OF INSTITUTION (1)	d. STREET ADDRESS	T 2 4 4	1 Charact			ONA	SIDENCE A FARM?
file file		2	Prince	Georges Ger		Hospital Middle		5 (TO	EUOL10	Street				ио 🚺
y de neral nour gistra		1	DECEASED (Type or print)	Margar	-	Sara		Hodges	OF DEATH	September		Day		56
f garage e reco		_	SEX			ED NEVER MARRIED	3 8.			9. AGE (In years	IF UNDER			
4 0 c t			Femal e	White	WIDOWE			2-13-50		lost birthday) yrs.	Months	Days	Hours	Min.
deof 3 t etail		10c	. USUAL OCCUPAT	ION (Give kind of work king life, even if retired)	done 10b. #	IND OF BUSINESS OR	NDUST	RY 11. BIRTHPLACE (Slote	or foreign c	ountry)	12. CITI	ZEN OF	WHAT (COUNTRY?
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1. 2. 2. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		13.	FATHER'S NAME	* A				14. MOTHER'S MAIDEN						
hour ges		1		ctor Berger			1	Margar	ret Mak					
Page	1		s, no, or unknown)	(If yet, give wor or dates of	service)	SOCIAL SECURITY NO.		FORMANT		Address				
1 to Q: = 1	7	\vdash	NO	NONE ATH [Enter only one cou	use one line:	None	1	Mother, Same	addre	285		LINITERS	ZAL RETWEE	EN .
18. ₹			į.	ATH WAS CAUSED BY:				d de	homen	mho ao		ONSET	AND DEAT	řĤ
fore sit p			222X	IMMEDIATE CAUSE (6)		Discussion (Annual)	JUES	<u>intrapontine</u>	Hemor	ATTICK				
io 1 with tran		П	Conditions, If		,	Softening	of	dorsum of D	ons ar	nd medull	a are			
In a second			gove rise to imm (o), stoling the	ediote couse										
shau o pu			couse lost.	(c))									
o so	,	S S	PART II, O	THER SIGNIFICANT CON	DITIONS CC	INTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	IINALDISEAS	E CONDITION GIVE	IN IN PART	1(0) 19	PERFOR	LUTOPSY RMED?
rtific nalin rs C usec	£ (1	F	20- SYTERNIAL C	ALICE MASS	A DECCRIO	HOW KINDY OCCUP	DED (S.			F 10 10 0		Y	ES TO	ИО 🗌
S of in		CERTI	20g. EXTERNAL CAPRIMARY TO OF CO	ONTRIBUTING	D. DESCRIBE	HOW INDUST OCCUR	KED. (EI	nter nature of injury in Pa	rt I or Port II	of Item 15.}				
rard Fron			20c. TIME OF INJ		or 20d. I	NJURY OCCURRED 20	e. PLAC	CE OF INJURY (Home, form	n, 120f. (City	or town)	(Cou	only)		(Stole)
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AMI mg l							abay	ve, held an Autaps	y SOL In	nspection 🖭,	Inquir	y (X).	and f	ind that
Writ NR:			death resulte	d fram: Natural	causes 🔁	Accident .	Suic	ide 🔲 Hamicide	. D.	ndetermined co	_			
CAL Te. Chi			Λ	1 -	. 4 4	1								
	+		ACTUAL SIGNATURE	Mrs J.	Mas	loney	,	_M.D. CHIEF MEDICAL E	XAMINER [Poplay			DATE SI	GNID
A P C C	×		EXAMINER'S	-				ASSISTANT MEDIC	_	_		1	305/	,
cute the forwarde D FUNERA			NAME (Type)	John T. Ma				DEPUTY MEDICAL			ember	0,		
O Popular Popu		220	REMOVAL (Specif	ON, 226. DATE THEREC	/2.0E4	22c. NAME OF CEMETE				TION (City, town, o		m G	(Stote)	,
F F		23.	Burial FUNERAL DIRECTO	Sept . 10	7 7300	Fort Lir	ICO.		COLM D BY REGIST					JO . MQ
VS. A15ME(5)	, *	1	W.W.Cham	bers Comp	any.	Riverdale	e ,]		101	1	2	2	de	will.
IIII 7733	1	<u></u>			<u> </u>		-			71			- 500	*

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09580 9629 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporale limits, write RUFAL and give hearest town) A LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits Arrite RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ed YES NO BY \equiv NAME OF Middle DATE Day Year **DECEASED** D. (Type or print) DEATH 0 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR 7. MARRIED NEVER MARRIED AGE (In years DATE OF BIRTH lost birthday) Months Hours DIVORCED T WIDOWED | 46 O yes. ey 10a, USUAL OCCUBATION (Give kind of work done 10b, KIND QF BUSINESS QR INDUST) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Malon during most working life, even if retired) macrini 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E-4 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) ohn 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH 7 0 PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which ! by fbl gave rise la immediate **DUE TO** cottse (a), stating the underapproved lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 💢 CERTIF 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) تد 20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (Stole) icat factory, street, affice bldg., etc.) Haur a.m. While Not while at work of work ertif 1956, that I last saw the deceased 21. I certify that I attended the deceased from och that death M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** det Ö ACTUAL CO. SIGNATUR This PHYSICIAN'S NAME (Type) 22b, DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county), (State) REMOVAL (Specify) ADDRESS FUNERAL PINERTOR'S SIGNATURE 246. REGISTRAR'S SIGNATUR 244 REGISTRAR VS A1S (4) ISM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
9588	CERTIFICATE	OF	DEATH	

69583

				eg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When	re deceased lived. If institution: b. COUNTY	
o. COUNTPrince George	MARYLAND	Maryland		Prince George
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town)	_	c. CITY OR TOWN (If out	tside corporate limits, write RUR	AL and give nearest town)
Cheverly	i indiana ind	Landover		1.
d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION Prince George General	eet address)	d. STREET ADDRESS 8651 Lane	dover Road	e. IS RESIDENCE ON A FARM?
3. NAME OF First	Middle		6. DATE Month	Day Year
(Type or print) Francis	e Sales	Jackson	DEATH sept	
	ARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
Male White woo	OWED TO DIVORCED	6-13-84	72 yrs.	Annihs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done)			foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if refired) Retired	Carpenter	Md.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Unknown		Unknot	WIL	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [1] (It yes, give wor or dates of service)		NFORMANT	Address	
i i		James D. Jacks	son Suitland	d, Mc.
IB. CAUSE OF DEATH [Enter only one cause pe	ertifie for (a), (b), and (c).)	1	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	laute / we	uman 6	Ecleure.	ONSET AND DEATH
ℓ _s , DUE TO	a [, , ,		
Conditions, if any, which) (b)	rtens & ele	cole of 4	w, c facto	in.
gove rise to immediate DUE TO			(
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Port II of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20.	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20c. Hour 6. 7. Will p. m. 19 of	work of work	ctory, street, office bldg., etc.)		
21. I certify that I attended the dece	eased from 2/17	1956, to 9	117 1957	hat I last saw the deceased
alive on 9/17 1	256 and that death			an the date stated above.
0.4	1 - 0		ODRESS (Street, city or town, sta	
SIGNATURE JOHN	W. Kelling	M.D. 6/24-41	I ave. Hza	the Und 2/13/5
PHYSICIAN'S NAME (Type)				
BUREMOVAL (Specify) 226. DATE THEREOF 9/20/56	St Mary's		2d. LOCATION (City, town, or of Bryantown, M	
23. FUNERAL DIRECTOR'S SIGNATURE Gasch's Sons H	yattsville, Md		BY REGISTRAR 245: REGISTR	AR'S SIGNATURE

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9632 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

119584 Reg. Dist. No.

-							
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE ((Where decease			ce befare a	śmissian)
H	Prince Georges MARYLAND	D.C.		b. COUNTY			
νĺ.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	e. CITY OR TOWN ((If outside corp	orate limits, write	RURAL and g	give nearest	lawn)
	Fairmount Heights Fransient	Washingto			* /	. 1- */	BELLDENICE
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						RESIDENCE
1 =	5717 Jost St.	1 1135 - C	-				□ но-€
	(Type or print) Claude Jerome Barker Johnson	Lost	4. DATE OF DEATH	Septembe		7	19 56
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	DATE OF BIRTH		9. AGE (In years lost birthday)	Manths D		NDER 24 HRS.
L	Male Colored WIDOWED DIVORCED	Feb. 14, 19	902	54 ya.	Mighins D	Pays Hou	u win.
١.	On. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. 8IRTHPLACE (Stot	te ar fareign ça	iuntry)	12. CITIZI	EN OF WH	AT COUNTRY?
VL	Huckster Self Employed	Washingto	on D.C.		U.	S. A.	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
	William Barker Johnson	Anna E. Bo	eston				
	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8	NFORMANT		5717 de 10	st St		
	No C	atherine Hen	derson	Fairmou		ights	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					INTERVAL BE	TWEEN DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute conge	stive heart	failure				
1	44XX DUE TO						
		lar renal di	Lsease				
	gave rise to immediate cause ((a), stating the underlying (DUE TO						
	cause last. (c)						
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERA	MINALDISEASE	CONDITION GIVE	EN IN PART	1(a) 19. WA	S AUTOPSY FORMED?
} }		·····				YES [] NO 🛅
	20d. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Enter n a ture af injury in Pa	art I ar Part II o	of item 18.)			
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m. p. m. 19 at work at work	CE OF INJURY (Home, far ary, street, office bldg., etc	rm, 20f. (City	ar tawn)	(Caun	nly)	(Stole)
1	p. m. 19 at work at work		1				
	21. I certify that I taak charge af the remains described abo	ive, held an Autap	osy 🔲, 🗈 In	spectian 🔀	Inquiry	🖃, an	d find that
1	death resulted fram: Natural causes 🔼, Accident 🔲, Sui	cide 🔲 , Homicid	de 🔲, Un	determined co	ause 🔲.		
	() / > > 1						E SIGNED
	SIGNATURE LAMO Malones	_M.D. CHIEF MEDICAL E	EXAMINER 🛄			DAI	F 21CUED
	EXAMINER'S	ASSISTANT MEDIC	CAL EXAMINER		-4 94	h 30	£4
L	NAME (Type) John T. Maloney M.D.	DEPUTY MEDICAL	L EXAMINER] Sej	ot. 8t	HI IY	20
2	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-12-36 Paul	CREMATORY	22d, LOCAT	ION (City, lawn, o	r county)		tote)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g_ REC	C'D BY REGISTR	AR 24b. REGIS	TRAPESSIGN	AZURE	-11
	Ralph Barbour, 48 K St., N.E., W shing	ton, D.C. DATE		a.	dris	edu	ch

VS. A15ME(5) 5M 9/55

Asi ii dae El Maria Co

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	3
	9589 CERTIFICATE OF DEATH	Reg. Dist. No. 9585
1.	PLACE OF DEATH 6. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution a STATE COUNTY DECEMBER 1. COUNTY	Regidence before admission)
	RURALY and give nearest town)	RAL and give nearest fawn)
	d. NAME OF HOSPITAL/III not in hospital, give street address) OR INSTITUTION DERGO JON, HOSPITAL/III not in hospital, give street address) 3710 - 37 = 5	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED	Day Year 29, 1956
	WIDOWED DIVORCED D. 5/9/87 lost birthday)	FUNDER 1 YEAR IF UNDER 24 HR5. Months Days Hours Min.
<u>Ŏ</u> (cet metal cooker vary yard Hashington, DC	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME dward Ross Johnson Gulia Rickett	
		" Hashington
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	581.0 DUE TO Parda Constitution 2	
	gave rise to immediate Cause (a), stating the under tying cause lost.	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II of item 1B.)	
MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. fr. P. m. 19 Of work of work 19 o	(County) (Stote)
		that I last saw the deceased
	ACTUAL HUN WWOLKE M.D. 30 C Graff Rid, Fre	DATE SIGNED
	PHYSICIAN'S HANS WODAK	
3	REMOVAL (Specify) 10/21/56 Fort Lincoln Colman,	manor, ma
7	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	RAR'S SIGNATURE
	MEDICAL CERTIFICATION	CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN If our index corporose limits, write BL CLENGTH OF STAY IN 15 CLENGTH OR TOWN I (I outside perpose limits, write BL CHIPAL OR TOWN I



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PLACE OF DEATH

b. CITY OR TOWN (If of RURAL and give near

d. NAME OF HOSPITAL

NAME OF

DECEASED

5. SEX

(Type or print)

	ENT OF HEALTH—BALTIMORE, 18	09586
9590 CERTIFICA	ATE OF DEATH Reg.	Dist. No.
USE CF CRCES MARYLAND Utside corporate limits, write c. LENGTH OF STAY IN 16 15 0943	2. USUAL RESIDENCE (Where deceased lived. If institutions Resp. STATE b. COUNTY D. STATE b. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL of Brookly17	·
(If not in hospital, give street address) EGEANGES HOSPITAL	193 Quentin Ave.	e. 15 RESIDENCE ON A FARM? YES NO
First Middle SARAH	Lost 4. DATE Month OF DEATH SEPT	Day Year 27 1956
White WIDOWED DIVORCED	B. DATE OF BIRTH 16 Suly 84 9. AGE (In years lost birthday) Mant 72 yrs.	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
(Give kind of work done lob. KIND OF BUSINESS OR INDU House even if retired) House - Wife	ISTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
erschkorn	Hannah (srael - (Ri	verdale, Md)
N U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, IF ASS., give wor or dates of service)	INFORMANT Address Allliam King 6/19-431	d'St.
[Enter only one couse per line for (a), (b), and (c).] WAS CAUSED BY: AMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
which) (b) Post OpeRAT	ive EASTRECTOMY	13 days.
nediote DIF TO	wition, AdRENAL Exhaustion	y 5 okys
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINIST DISEASE CONDITIONS CHIEFLED	VOOCTILA 2 MAKE OF LALL TO ACC

10g. USUAL OCCUPATION during most of working 13. FATHER'S NAME 15. WAS DECEASED EVER 18. CAUSE OF DEATH PART 1. DEATH Conditions, if ony gove rise to imp cotise (o), stating the lying couse lost. CERTIFICATION PART II. OTHER PERFORMED? YES NO 2 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Nat while ot work of work p. m. 195 G., that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 3 AM, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 248. SEGISTEAR'S SIGNATURE 24a. REC'D BY REGISTRAR

A MATE

OR INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lif under 1 YEAR IF WIDOWED DIVORCED OCT. 4. 1890 Signification of Working life, even if retired) 10. USUAL OCCUPATION (Give kind of work done of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Significant Country of the country of t	1587
1. PLACE OF DEATH a COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) d. NAME OF HOSPITAL (If not in hospito), give street address) or INSTITUTION 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years lift UNDER 1 YEAR) IF UNDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF 1. INFORMANT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED 1 (1) SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASEDEVER IN U. S. ARMED 1 SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASEDEVER IN U. S. ARMED 1 SOCIAL SECURITY NO. 17. INFORMANT 16. COUNTY A. STATE A. COLOR OF ROCE C. CITY OR TOWN (If pour idea deceased lived. It institution) Residence before d. STATE A. STATE A. COLOR OF COUNTY A. STATE A. COLOR OF ROCE A. STATE A. COLOR OF ROCE A. DATE Month Day OF DEATH 9. AGE (In years FUNDER 1 YEAR IF UNDER 1 YEAR I	242
C. CENGTH OF STAY IN 16 C. LENGTH OF STAY IN	
OR INSTITUTION 3. NAME OF DECEASED FIRST Middle Lost A DATE Month Day OF DECEASED FOR RACE TO MARRIED NEVER MARRIED 8. DATE OF SIRTH PLACE (State or foreign country) 10. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address of	rest town)
DECKASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9 AGE (In yeors late) withday) WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF the country of the c	ON A FARM? YES NO
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. OF THE PROPERTY WAS DECEASED OF THE PROPERTY WAS DECEASED.	Hours Min.
Blough 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT (100 g) or unknown) (100 year, give word or defense) 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. Style DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. STYLE DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. STYLE DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. STYLE DECEASEDEVER IN U. S. ARMED FORES? 16. SOCIAL SECURITY NO. 17. INFORMANT	F WHAT COUNTRY?
15. WAS DECEASEDEVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address of the social of service) Address of the social of service)	
	nel.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	RVAL BETWEEN ET/AND DEATH
Canditions, if any, which) (b) Year fluid lines 2	Ligat
gove rise to immediate cattle (a), stating the under lying cause last.	<i>ل</i>
4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	P. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of work of work of work.	(State)
21. I certify that I attended the deceased fram 1956, to 1956, to 1956, to 1956, that I last saw alive on 1956, and that death occurred at 1956, from the causes and on the date	
ACTUAL SIGNATURE CONCE CAUTOR M.D. 2520 Ja (122 6, 2 DC	DATE SIGNED
PHYSICIAN'S TAMES C. CAWOOD W. fung Com	KC.
220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) Burial (Specify) 9//3/56 Custer Cemetry Holsopple	(State)
23. FUNERAL DIRECTOR'S & SIGNATURE VS A15 (4) 15M 9/55 15M 9/55 1240. REC'D BY REGISTRAR'S SIGNATURE Washington D.C. DATE SON OFTHE Carry OFTHE COMPANY OF THE COMPANY	E

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V.

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	Reg. Dist. No.	
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admit	ssion)
	Prince Georges MARYLAND O. STATE Maryland b. COUNTY Prince Georges	ges
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tax and give nearest laws)	
X	University Park 15 Years University Park	
27	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RE	A FARM?
		NO)
1	DECEASED	ФОТ
1		956
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (in years foot birthday) Months Days Hours 7. Married Days Hours	ER 24 HRS. Min.
	MILTOS MIDORED NOVEED NOVEMBER 12,1010 // ym.	
£	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) 13. SIRTHPLACE (State or foreign country) 14. SIRTHPLACE (State or foreign country) 15. S.A.	COUNTRY
1	· · · · · · · · · · · · · · · · · · ·	
-	13. FATHER'S NAME	
·	Unknown	
11.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. pro. or unknown) U. S. ARMED FORCES? (16. pro. or unknown) U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address Victory Victor	
IJ	The state of the s	
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: A TITLE CONCERTIVE heart for 111100	
	PART E. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congestive heart failure	
	144 de A DUETO Condition none? discours	
	Conditions, if any, which gove rise to immediate cause	
	(a), stating the underlying DUE TO	
		LITOREY
g·	PERFO	RMED?
	YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	NO -
	PRIMARY D or CONTRIBUTING D	
	S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 120f. (City or town) (County)	(Slole)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) While Not while of work at work	
	21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and f	Good About
	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	ina ma
	A A A A A A A A A A A A A A A A A A A	
	ACTUAL CHIEF MEDICAL EXAMINER []	IGNED
A* 32	ASSISTANT MEDICAL EXAMINER	
	NAME (Type) John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER 9-21-56	
	20. BURIAL CREMATION, 12th, DATE THEREOF 22c, NAME OF CEMPTERY OR CREMATORY 22d 10 CATION ICID town or county Island	0)
	Burial 9/27/1956 Arlington Nat'l Cem. Arlington, Va.	4
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	1
	W.W. Chambers Co., Riverdale, Md.	://
	To stand	7)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH nstitution: Residence before admission) Prince Georges vrite RURAL and give nearest town) e, IS RESIDENCE ON A FARM? YES NO onth Day Year 24, 1956 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? U.S.A. Luebner INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO. (County) (Slole)

BOUEVO 6 T

SEP TEST

9560

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 245

COUNTY Hyattavelle Rome Lest MARYLAND	STATE MORALANS COUNTY Pr. Hea
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Ayattavelle (in this piace)	TOWN Rystanlly,
HOSPITAL OR	STREET J (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 5413 - Songeand Rd. 11. 2.
3. NAME OF (First) (Middle)	(Last) S. 4. DATE (Month) (Day) (Year)
(Type or Print) FRANK DUEBERRY	LUTTRELL DEATH SEXT. 1946
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday R under 1 year If under 24 hrs. Months Days Hours Min.
make (Specify) manual	1001 3,1808 8 / ym.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Etting nite water most to obtain for the object of the water most for the object of the o	11. BIRTHPLACE (State or foreign country) 12. CITTZEN OF WHAT COUNTRY!
12. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Luttrell	Whiling Haules.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 5413 - Serecal Rd.
(Yes, no, or unknown) (If yes, give war or dates of pervice)	Frank D. Lettrell & . 14 th Mr.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BRIWMEN ONMET AND DELTE
1	
Immediate cause (a) working 7	two mboses with osclusion about 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	terio-oclerosis. 7
(e) acute gall	Hadder Whoul 3 days
II. OTHER SIGNIFICANT CONDITIONS	To organize the state of the st
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes C No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	HOW DID HADRE COOK!
INJURE AL THORE AL THORE	1 2 0/01 -1
22. I hereby certify that I attended the deceased from J.J. J.	, 1956, to J/J/, 1956, that I last saw the deceased
9/18/25/ 301	22
slive on	ADDRESS no., from the causes and on the date stated above. DATE SIGNED
11 to 3 Emalorial mos 6370	- 3 3 A N.W. Week. BC 9 9 56
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 4/19/56 OLD FARM H.	
DATE REC'D BY LOCAL AREGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGISTIG" 956 War Jerry	Server T. Jugan Dro. 317 Pa. Cur. SE.
Marie	

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VS. A15

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BUREAU V. K.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9592MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) burial crem o. STATE b. COUNTY Prince Georges D.C. MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Chaverly Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Prince Georges General Hosp. 1121 Park Place. N.J. YES NO 3. NAME OF Middle Month Vene DECEASED (Type or print) DEATH 19 56 Maddex Edward Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Manths 191 Sapt. WIDOWED [7] DIVORCED [7] Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Inspector P.R.R. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George E. Maddox Nellie Mouney V) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no. W upkg Give W.W.1 1121 Fark S t. N. L. Maude A. Maddox P.M.3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: farm Pulmenary embeliam IMMEDIATE CAUSE (a) DUE TO Thrombosis of Iliae veins Canditions, if any, which gave rise to immediate cause DUF TO (a) stoting the underlying Injury to cervical cord couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES KI NO 🗆 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1t of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING CAUSE OF DEATH. Fell into pit while at work Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) (County) (Stole) factory, street, affice bldg., etc.) Not while Washington. at work Tat work Fa. R.R.Yard 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and find that death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined couse . he Chi DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER T SIGNATURE ASSISTANT MEDICAL EXAMINER Sept. 6, 1956 NAME (Type) Maloney. DEPUTY MEDICAL EXAMINER FO John 22c. NAME OF CEMETERY OR CREMATORY 22d BURIAL CREMATION, 126, DATE THEREOF 22d. LOCATION (Gity, town, 28. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

District Coroner notified

F 10 1:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

121 V 1956

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69594
ign, L	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
A should be cremation		PLACE OF DEATH o. COUNTY () rence Georges MARYLAND 2. USUAL RESIDENCE (Where deposed lived. If Institution-Residence before admission) o. STATE o. STATE o. STATE o. STATE
X Series		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
is no series of the series of		d. NAME OF HOSPITAL OR INSTITUTION (If not it) hospital, give street address d. STREET ADDRESS on A FARM? YES NO
ny delo nerol d yaur fil gistror		NAME OF DECEASED (Type or print) Wartha. Middle MC Coarn DEATH Soul 3 1956
h. If or or the for the re the re	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 1 DIVORCED 1 DIVORCED 1 Nonths Doys Hours Min.
er deall and 3 to d 2 with	10c	1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY? 14. S. C.
ours off	13.	FATHER'S NAME
vive Pages Page 5 File page	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Thomas Madress Address Address Address Thomas Madress Address
a will 18. Gi		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH ONSET AND DEATH
=xecu in Item rith for ransit p		Conditions, if any, which) (b) Cas Carres as lan Remail Clip ages
pencil i		gove rise to immediate couse (co), stating the underlying couse lost.
ing" in Office of os of os	ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
ois certil il "pend iminer's id be us	CERTIFIC	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
Mers 19 ical Exo 3 shaul	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Down) (County) (State) Hour a. m. 19 of work of work of work of work of work
iting 1 f Med f Med		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that
Te, wr Chie		deoth resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined couse .
2 4 W		SIGNATURE COME A STORE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
the cander		EXAMINER'S DAMES I. BOYD DEPUTY MEDICAL EXAMINER D SAND 3, 1956
forwar forwar or ren	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
VS. A15ME(5)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24 REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55		MASIERS TUNERAL MOND THE DO ON STEP DO DE LE COMPICE COMPICE

BUREAU Y. S.

SEP 7 1050

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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EilmG205 10-25-5ATE

E	OF	DEATH		Rog. Dist.	No. 245
1 2	TISTIAL	RESIDENCE (L	COMEN OF DEC	FACED.	

County	(For newborn infants give residence of mother) State County County City or town (If operate city or town limits, write RURAL and give nearest to street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Numb	22444444444444444444444444444444444444
Helen anne Moore	no	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
3M white woow	20. BATE BF BEATHSeptember 26, 1956.19	130 P.
6.(b) Name of husband or wife 2029 E MAON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased in Nov. 30 Sept. 26,	
7. Elirih date of decode (me day vr.)	and that I last saw h OT silve on August 25.	6
deceased (me., day, yr.) 8. AGE: Years Months Bays It iess than one day	Immediate cause of death	DURATION
68 4/9	Myocardial infarct sud	lden
B. Birthaince Culpepper Va	Due to Hypertansive-arteriosclerotic	0 04 4 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1
(Yown, county, and state)	heart disease	yrs.
1D. Usual occupation.	Dus 10	*************
11. Industry or business	Allamagari()andi)andi(M)(Marketeriveriverit) of the control of the	
置 12. Name		yrs. f
13. Birthplace	Hemiplegia (cerebral apoplexy) By (Include pregnancy within 8 months of death)	TS.
E 14. Malden name	Major findings of operations.	
IS. Birthplace	Dale of op.	
18. Interment Blow he Vandle	Antopoy results	***************************************
Address 807 Cat ave	PHYSICIAN: Please underline the cause to which death should be charged statisti-	caBy.
17 Burnal Dale thereot 9-29-56	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal/Which?) (month) (day) (year)	Accident, suicide, or homicide	4 8 8 8 9 8 9 8 9 9 9 8 9 8 9 8 9 8 9 9 9 9
Cemetery or crematory St. Marya Cleu	Where did jajury occur?	e)
Location all audril	lajured at home, farm, industry, public place (where?)	**G00*DH000HHQ00G0×*
18. Funeral director Villian Deniane ASA-	Means of Injury Injured at work?	1-
Address 5205 10/8 6 1 7 54	2 -1/1 4 - 010	11.0
19 September 26,1956 mrs Las vovere	23. SIGNATURE WWW. W. D. OF ACTION O	E.V.
(Data ree'd by registrar)	Address Mt. Rainier, Md. Date signed 9/2	5/56

BUREAU V. S.

DECENAL 1 1956

p funeral director, hould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL (**) TOR: After this certificate has been signed by the attending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prid; to burial, cremotion, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9562

CERTIFICATE OF DEATH

19596/J Reg. Dist. No.

1. PEACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)
MARYLE (LEELAT) MARYL	AND STATE S. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY I	N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) H size 1 452 1 1 1 - 2	1) in Character (1)
d NAME OF HOSPITAL (If not in hospital give street address)	d. STREET ADDRESS e IS RESIDENCE
OR INSTITUTION	ON A FARM? YES NOST
3. NAME OF First Middle	7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Type or print)	OF DEATH 2 2010
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	lost birthdoy) Months Dove House Min
WIDOWED DIVORCED	1 / Se - S ; 1 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
100. USUAL OCCUPATION (Give fund of work done 10b. KIND OF BUSINESS Of during most of working life, even/if retired)	INQUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
I Mar . De vertebre	1/8 w/ 1/1/5/4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 2 11 11 11 11 11 11 11 11 11 11 11 11	1, 2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. I've, no, or unknown) 1 (17 yes, give wor or dates of service)	17. INFORMANT ,Address
(if yes, give mor or agree or service)	Helley to a const
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (6) C. / 1977 / 1977	
Conditions, if any, which gove rise to immediate	
couse (o), stoting the under-	
(-)	IM BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
TA'	PERFORMED?
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	CONCO, (client addore of injury in roll for roll if of them re-y
	20e. PLACE OF INJURY (Home, farm., 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
While Not while of work of work	
21. I certify that I attended the deceased from Tolk	16 19 L. to sept 97. 19 (that I last saw the deceased
	death occurred at 112 11M, from the causes and on the date stated above
the same of the sa	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE SIGNATURE	unitable to a desired and the second of the second
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	
Trawsportation 9/23/56 Sheldo	n Iowa *
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F Gasch's Sons Hyattsville,	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	pare 25 1950 James Scores

BUREAU V. K.

SEP 25 1956

BECEINED

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 69597
* 25		9594 CERTIFICATE OF DEATH Reg. Dist. No.
Poge Will	1.	PLACE OF DEATH O. COUNTY O. STATE
funeral fundada		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Grand and give nearest town) Grand And Grand An
7		d. NAME OF HOSPITAT (If not in hospital, give street address) OF IDSTITUTION
in 24 ha filled in ges 1 an	L	NAME OF DECEASED (Type or print) Alica Middle Middl
ed with	L	SEX 6. COLOR OR RACE 7. MARRIED MEYER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthday) WIDOWED DIVORCED 12/25/85 9. AGE (In yours Months Doys Hours Min.
on paper death.	L	dyring most of working life, even if retired) L31/VULT 15 5 12. CITIZEN OF WHAT COUNTRY? U. 9 1 N 3 U. 5. A
icate be sician of ve carb urs after	1	FATHER'S NAME FUNTON GATTIMORE LINKNOWN
h certifice ling physise remove	15.	a. no, or unknown) (18 yes, give wor or does of service) ELIP White 3112 515 St College PK Mel.
e ottending en pleose nt within		18. CAUSE OF DEATH [Enter only one couse per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
d by the mit. The		Conditions, if any, which gove rise to immediate (b) with scente gangestive failure
r require	2	couse (o), storing the under (c) governolizede Arterior classis
The law a physic hos be urial-tra	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ICIAN: ottendin rtificate as the ba	AL CERTII	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
S PHYS into or this ce or use complete	MEDICAL	Hour o. n. p. m. 19 While of work of work factory, street, office bldg., mtc.)
ENDING he hosp R: After loched f buriol,		21. I certify that I attended the deceased fram
OR ATT		ACTUAL SIGNATURE William Brannan 4127 Constant Ame 9/2/57
SPITAL De relair IERAL I 3 shavia gistrar I	220	PHYSICIAN'S NAME (Type) WILLIAM BRAININ CONSTITUTE AND MAKE (Type) WILLIAM BRAININ (SIN) CONSTITUTE (SIN) DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 12d. LOCATION (CITY, TOWN, OF COUNTY) 151-161
TO HO may to FUN poge the re	23.	FUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) (Stote
VS A15 (4) 15M 9/55	Z	S. W. whington + Sons 467 N ST. N.W. DATE SSO. 26 TO 1
		Woch. D.C. Withelie !.

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OCT ER 1956

ENUEVO N. Z.

963 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, pleose exergir. Poge 4 should be cramolian Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY q. STATE b. COUNTY MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give newfest town) wrife RURAL 1.1 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? dire YES NO TO registror NAME OF First Middle DATE Manth Day Year retained for your 2 with the registra DECEASED 195 (Type or print) DEATH 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours / IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 3 to the Months Dovs Hours WIDOWED IT DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo ĝ MON 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges Ý. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8. Give P.M3. P. permit. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH pencil in Item 18. PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (a) otong with for buriat-tronsit p **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. 0 Office (PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY ŝ PERFORMED? pending nsed NO 17 iner's (be use 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ward " Examination by Should by 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) Hour While Not while a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection [V] Inquiry D, and find that death resulted from: Natural causes Suicide Accident [] Undetermined cause Homicide ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAC **EXAMINER** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City,' town, (State) 0 52 OLMA 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. A15ME(S) 5M 9/55

DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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POULTA A' E.

OBAISSEY

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1960)
, no	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 242
To the second	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission)
	o. COUNTY Prince Georges MARYLAND O. STATE D. C. b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negret) town
Y. X	Fort Washington Transient Washington
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
4	Fort Washington and Warburton Roads 621 Condon Terrace S.E. YES NO IX
	3. NAME OF First Middle Lost 4. DATE Month Day Year
	OF DECEASED (Type or print) Sharon Fav Raftery DEATH Sept. 25, 1956 19
	S. SEX 6. COLOR OR RACE 1. MARRIED T NEVER MARRIED 18. DATE OF BIRTH 19. AGE (10 years IFUNDER TYRAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED Dec. 11. 1912 Months Days Hours Min.
	100 USULAL OCCUPATION (Give kind of work done 10b. KIND OF RUSINESS OF INDUSTRY 11 BIRTHPLACE (Stoke or forging country)
1	during most of working life, even if retired) Student District of Columbia U-S-A-
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Joseph M.P. Raftery Helen Duley
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
\	(Yes, no, or unknown) No
}	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hemorrhage and shock
✓	DUE TO
	Conditions, if ony, which) (b) Compound fracture of the skull, Crashec chest and abdomen
	gove rise to immediate couse multiple fractures of the extremeties
	(o), stoting the underlying but to multiple and the underlying for the
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED? YES TO NOTE:
	CAMPARY BOT CONTRIBUTING Occupant of an automobile that ran off the road and struck a
	5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Farm, 120f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) Hour 20m. 9/ 25 19 While of work of
	21. I certify that I taak charge of the remains described above, held on Autopsy . Inspection . (naviry .), and find that
	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
	Total Control
	ACTUAL CHIEF MEDICAL EXAMINER TO DATE SIGNED
	ASSISTANT MEDICAL EXAMINER September 26, 1956
	EXAMINER'S James T. Boyd M.D. DEPUTY MEDICAL EXAMINER DE
	220. BURIAL CREMATION, 122b, DATE THEREOF 122c, NAME OF GEMETERY OF CREMATORY 12b LOCATION (City/Town of country)
	Semoval (specify) 4/28/5/e 18/1 water News
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 244 REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE
	1. 10 m Telo Simo 300-471. Evateral 78-56 Carrio Carriolo
	The state of the s

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TO HOSPITAL OR

VS A15 (4) 15M 9/55

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9597

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY		MARYLAND	o. STATE	re deceased lived If institution- R b. COUNTY	Residence before admission)						
1	Prince Ge	orge	V	Maryland	Prince							
1,	b. CITY OR TOWN (If outsi RURAL and give nearest	de corporate limits, Write lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside carparate limits, write RURAI	L and give nearest town)						
5	Cheverly		2 hours	Mt. Rainie:	r°	1						
,	d. NAME OF HOSPITAL (IF	not in hospital, give street i	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
	Prince Geor	rge General H	ospital	380 H 35tl	h Street	YES NO						
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year						
	(Type or print)	Anthony		Ramagnano	DEATH SEPT	1 1956						
	5. SEX 6. C	OLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS.						
	Male V	Thite WIDOWE	D DIYORCED	13 Sept 1905	15/1/ 50 yrs. Mo	enths Days Hours Min.						
,	100 USUAL OCCUPATION (G	ve kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State a		12. CITIZEN OF WHAT COUNTRY?						
Ĺ	during host of working life	e, even if retired)	Take	Baltimo	me, 177 d	II S A						
1	13. FATHER'S NAME	0		14. MOTHER'S MAIDEN NA	AME	U						
/	Anthony 1	(amagna)	70	Sonhie	Bruno							
	IS. WAS DECEASED EVER IN L	. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address							
1	(Yes, no, or unknown) (If yes,	give wor or dates of service)	n	Janu Rama	200	4-3-th 84						
	18 CAUSE OF DEATH I	eater maly man course may list	so for (a) (b) and (c))	wy 1 amas	genano 300	LINTEDVAL PETILIERY						
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH											
	IMMI	DIATE CAUSE (a)	/ / / / / / / / /	y in Rom 1	D0513	3hrs.						
		DUE TO	′									
	Canditions, if any, w	igte										
		cause (a), stating the under DUE TO										
	lying cause last,) (c)	A									
J	S PART II. OTHER 3R	SNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	5					YES NO						
	PART II. OTHER SIGNAL 20a. ACCIDENT WAS UNITED TO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTI	USE OF DEATH !	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I ar Part II of item 18.)							
	20c. TIME OF INJURY Me	onth, Day, Year 20d IN White	JURY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, clary, street, office bldg., etc.)	20f. (City or town)	(County) (State)						
	p. m.	19 at work		,,								
	21. I certify that I	attended the decease	ed fram. April	- 1951 to Se	PT9 1056 th	at I last saw the deceases.						
	alive an Sep	T9 195	and that death	accurred at 12 40		on the date stated above.						
	141.		17/3		DORESS (Street, city or town, state	A						
Î	ACTUAL SIGNATURE	man Non	W (ormean	M.D. 3503(ism Al 25TOCO	mur Md 9/9/50						
	2.0	2	>/									
	PHYSICIAN'S NAME (Type)	nman 10	NAI (OME	AL								
	220. BURIAL, CREMATION, 2	b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. UDCATION (City, town, or co	unty) (State)						
	REMOVAL (Specify)	9/12/56	Mr. Olli	eh !	Maslinal	m. 2001.						
Ì	23. FUNERAL DIRECTOR'S SIGI	NATURE	ADDRESS	24a, REC'D	BY REGISTRAR 246, REGISTRAL	R'S SIGNATURE						
フ	Pallays Frene	ral Home	Mr. Rainie	Sw & DATE SE		ruch						
	4 4	, , , ,	- Municol	///	DA- 11. V							

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of [8] dBs

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8 B 8				955	MED	DICA	EXAMIN	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dis		730
should b		1, 1	PLACE OF DEATH						2. USUAL RESIDENCE (Where decea	sed lived. If insti			lmission)
t sh		ľ	D. COUNTY	Pri	nce Ge	orga	MARY	LAND	o. STATE Marv	land	b. COUN	TY Pr. (leo.	
Story, Poge	١. ١	ŀ	ond give negress town	f outside corpora	to limits, write Ri	URAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (f autside cor	porate limits, writ	RURAL and	give neorest	town)
2 3 1	'''/H			llege			Transient		Colle	ege Pa	rk			.5 4
		0	I. NAME OF HOSPIT	IAL OR INSTI	TUTION (If n	not in hosp	ital, give street addres	4}	d. STREET ADDRESS					RESIDENCE N A FARM?
pip in but in bu				endel!	# Offi	Ce			Unive	rsity	of Mary	land	YES	□ NO □
del stro		- 1	NAME OF DECEASED		First		Middle		Lost	4. DATE OF	Mon	th	Day	Year
fund fund r your regi		5. 9	(Type or print)	Tr. colon	Robert		Salvatore		Restivo	DEATH	Sept.	6,		19 56
두 등 등 등		3. ;	A -		1		NEVER MARRIED			0	9. AGE (In years lest birthday)	Months D	Agys Haur	NDER 24 HRS.
with with		100	1 LE	White	743	VIDOWED			ATIONIST 5	956	yrs.		EN OF WHI	AT COUNTRY
75 g d	1		luring most of working	ng life, even	if retired}		ione		District		¹ _ ''		J.S.A.	
\$ 7.7 E		13.	FATHER'S NAME				NOEZO		14. MOTHER'S MAIDEN		OTCHIO THE	1) are after	-
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Frank Sa	Iwato	S Root	ivo				Willi	ome:			
Poge oge			WAS DECEASED EV	ER IN U. S. A	ARMED FORCE	ES? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT	77 Judakala	Addres	\$		
Po Pile	1	JT 48	, ne, or unknown)	(it yes, give we	r or dates of serv	(100)		Fa	ther. Sa	ame dd	dress.			
¥. 15 € 15 € 15 € 15 € 15 € 15 € 15 € 15			18. CAUSE OF DEA	TH Enter or	ly one couse	per line fo	or (a), (b), and (c).]						INTERVAL BET	WEEN
per F	A		PART I. DEA	TH WAS CAU	SED BY: CAUSE (o)		Asphyx	lan					O COSTO PORTO	PEATT
ter h fo	\vee		493 x		DUE TO									
New Jean			Conditions, if a		(b)		Septal	pne	monitis					
uld enci			gave rise to imme {o}, stating the		DUE TO									
0 0 0		7	couse lost.)	(c)	10416 604	Wallitate to be to	LAUFA						
a : Fig &	1	ICATION	PARI II. OII	TEK SIONIFIC	ANI CONUII	IONS COT	THE BUILDE TO DEATH	T ROL M	OT RELATED TO THE TERM	IINAL DISEAS	SE CONDITION G	VEN IN PARI	PER	FORMED?
arifi nos nos nos	6	FICA	20g. EXTERNAL CAL	USE WAS	20b	DESCRIBE	HOW INJURY OCCUR	PED (Fe	ster nature of injury in Pa	et I av Part II	of deat 18 t		AE2 X	R NO [
5 C C C		CERTIFI	20g. EXTERNAL CAPPRIMARY OF CO. CAUSE OF DEATH.	NTRIBUTING			TOTT HEART DECOR	was, far	ner manufact injury in to	··· · · · · · · · · · · · · · · · · ·	on (14)(1 10.)			
word word Exo houl			20c. TIME OF INJU	RY Month	, Day, Year	20d. IN	JURY OCCURRED 20	De. PLAC	E OF INJURY (Hame, fare	m, 20f. (Cit	y or tawn)	(Cour	nty)	(State)
the ships of the s		MEDICAL	Heur o.m.		19	While at work	Not while	focto	ry, street, affice bldg., etc					
AM Med Med			21. I certify ti	hat I taak	charge o	f the re	mains described	abay	re, held an Autaps	y II	nspection X	Inquiry	3. and	d find that
writer JR:									ide 🔲, Homicide					
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MEDICA Coste, he C			ACTUAL SIGNATURE	My	2	YVIZ	aloner	1_	M.D. CHIEF MEDICAL E	XAMINER []		DATI	E SIGNED
> 8 5 4 0			EXAMINER'S .					1	ASSISTANT MEDIC	AL EXAMINE	ER 🔲			
DEPUT of the prword FUNER			NAME (Type)	John T.			M.D.		DEPUTY MEDICAL			to 7,	L956	
cute forward or n		220	BURIAL, CREMATIC		TE THEREOF	7 3	26. NAME OF CEMETE	RY OR	RMATORY	22d. LOCA	TION (City, nown,	or county)	(5)	(de)
1		22	PLULIAN FUNERAL DIRECTOR	S SIGNATUR	1/2	4	ADDRESS	<u></u>	2 245 855	D BY BECK	askin	2000	LATILIPE A	/~ <u>_</u>
VS. A15ME(5)		4	4	ch a	You	0 /	+4511	100	11,487-0	D BY REGIS	156	STOLE'S SIGI	A	in
SM 9/55		녕	1/1/1/	/ / /	1/1/	- 0	To your		- 4 PAIE			John	Nyim	and a
		1	VVVV	VVX	VV									

SEA, IS 1820

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MARYLAND STATE DEPARTMENT OF HEALTH—BA	LTIMORE, 18 09603
9563 CERTIFICATE OF DEATH	Reg. Dist. No. 245
1. PACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where decear	sed lived if institution, Relidence before bemission) b. COUNTY
5. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside conforate limits)	Srive Xitaglo
P SP A VI at . Il gatesville Md. 2 445.	ejattsville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 46 JE Ave, MATER 5401-38	- aft on a farm?
NAME OF DECEASED (Type or print) (Type or prin	H Sehr H 1956
5. SEX 6. COLOGOR PACE 7. MARRIED NEVER MARRIED B. DATE OF PARTH Semalo Thile WIDOWED DIVORCED Z/20/1998	9 AGE n years IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthdoy) Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 118 BIRTHPLACE (State or foreign guring most of working life, even if retired)	country) 12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	rucin Ueseff,
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or whown) (If yes, give wor or define of service)	BAIN
15. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT (It yes, give wor or deless of service)	Address 7 July Staff
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cause Coronals On Cause	INTERVAL BETWEEN ONSET AND DEATH
DUE TO	
Conditions, If ony, which gave rise to immediate coesse (a), stating the under-	a destrict
lying couse lost.) (c)	ASE CONDITION GIVEN IN PART IOU 19 WAS ALITOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port t or Port	art II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work of work of work.	ity or town) (County) (State)
21. I certify that I attended the deceased from 8 - 24 , 1956, to	1966, that I last saw the deceased
	om the causes and on the date stated above (Street, city or town, state) DATE SIGNED
Signature Designature M.D. 37/)-38;	th 200 9/4/5
PHYSICIAN'S NAME (Type) Song J. HAGCAGC 220. BURIAL CEMATION, 26. DATE THEREOF 21. 22c. NAME OF CEMETERY OF CREMATORY 22d. LOC	
	ATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (24a. BEC'D BY REGI	ISTRAR 24b. REGISTRAE'S SIGNATURE
15M 9/55 Le est tuneral Home 300-4 St. T. B. D. DATE DEST. 6	1956 ms. Jas. Severe

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MARYLAND STATE DEPARTMENT OF HEALTH-DAY, MORE, 18

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		9569 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	173
	F	1. PLACE OF DEATH o. COUNTY o. STATE	idmission)
,		Prince Georges MARYLAND O. STATE Maryland b. COUNTY	
桶		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret and give negret form).	t town)
	77	Takoma Park Transient Baltimore	٠ ,
	1	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e.	S RESIDENCE ON A FARM?
			5 NO 🔟
		3. NAME OF First Middle Lost 4. DATE Month Day DECEASED OF	Year
	L	(Type or print) Grace Seitz DEATH September 12,	19 56
_		5. SEX 6. COLOR OR RACE 7. MARRIED CENEVER MARRIED 8. DATE OF BIRTH 9. AGE in your load birthday! Months Days Hou	
	1	Female white WIDOWED DIVORCED Feb. 21st, 1890 66 yr. Months Days	JFS PALIT.
(1		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH	IAT COUNTRY?
	4	Housewife Maryland U.S.A.	
		13. FATHER'S MAME	
		Leo Killmeyer Elizabeth Newyler	
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) (If yes, give wer or dates of service)	
		Sophia Hintz: Baltimore, Maryland,	
		18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]	ETWEEN DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute congestive heart failure	
		443X DUE TO	
		Conditions, if ony, which) (b) Hypertensive cardiovascular disease	
		gove rise to immediate couse (o), stoting the underlying DUE TO	
		cause lost. (c)	
6	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W PE YES [RFORMED?
		20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	
		3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(State)
		20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) {Caunty} While Not while at work at work	
		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry .	id find that
		death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
	4		TE SIGNED
		SIGNATURE ASSISTANT MEDICAL EXAMINER []	
		EXAMINER'S/	056
	-	TYPE A LANGUAGE TO THE PARTY OF	956 Stote)
		REMOVAL (Specify)	nois)
		Burial Sept. 15.1956 Belair Memorial Gardens Belair, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [240. REC'D BY REGISTRAF 24b. REGISTRAF 51GNATURE	
. 5	1	William Cook, Que, 1217 St. Paul Street Spire 7 17 1956 4 1 /	11
18	E	pare 1 (S) II) I alland on	neg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	,
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CERTIFICATE OF DEATH

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09607

L	3033	KIIIIGAI	L OI DEAIII		Reg. Dist. No.
[runce of layer		USUAL RESIDENCE (Whee o. STATE	b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If outside corporale Intit), write c. LENGTH OF RURAL and give nearest lown) White House Haghlis 13 ye	STAY IN 15	White He	ride corporate limits, write RL	<i>t</i> . ×
1	d. NAME OF HOSPITAL (If not introspital, give street oddress) OR INSTITUTION Leaven + Electric are:	10	d. STREET ADDRESS	Electric a	e is residence on a farm?, yes \(\) NO \(\)
,	(Type or print) Edna Virg	Middle	SeLBA ATE OF BIRTH	4. DATE Mont OF DEATH 9. AGE [In yeors	Day Year - 25 1956 IF UNDER 1 YEAR IF UNDER 24 HRS.
	Bernale White WIDOWED DIV	VORCED 🔲 /	-28-1900	lost birthday) J 6 yrs.	Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life/even if retired) At her	IESS OR INDUSTRY	Washin	r foreign country)	12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME OF Watson.	1.	a. MOTHER'S MAIDEN N	KME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIORS, no. or unknown) If yet, give wor or dates of service) Unpace	101	rence R. S.	ella Wave	en + Elictric a
	18. CAUSE OF DEATH [Enter only one cause per the fo) (o), (b), or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nd (c).]	nia		INTERVAL BETWEEN ONSET AND DEATH
١	Conditions, if any, which) (b)	iner	natur	is	1 year
	gave rise to immediate cause (a), stating the under- lying cause lost. DUE TO (c)	noma	2 Mth	Weres	4 year
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO				EN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	URY OCCURRED. (E	nter nature of injury in Po	ort I or Port II of item 18.)	
	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	Employee.	OF INJURY (Home, form, , street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased from alive an Sept 22, 1956, and	that death ac	, 1953, to s		a, that I last saw the deceased and an the date stated above
	ACTUAL SIGNATURE KINE KINE	\$M.D.		DDRESS (Street, city or town, or D)	
	PHYSICIAN'S H. James K	Drtz	† 		
2	Rinal 9-29-56 3t.	F CEMETERY OR CR	ematory a-ln Com.	22d. LOCATION (City, 10wn, o	ten D.C.
2	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS N. W. Elember 6, 577-	11 th pl.	240. REC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death? Page 4 may be retained by the hospital are attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 22 haurs ofter death. YS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09608CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND 163 2010195 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) rever d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR-INSTITUTION ON A FARM? 4691 KROOK< 40mc 69 YES NO NAME OF 4. DATE OF DEATH Middle Lost Month Year Day DECEASED (Type or print) VER 1956 a 6. COLOR OR RACE 7. MARRIED 5. SEX 9. AGE (In years | last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED B. DATE 1400 Months Hours Days WIDOWED I DIVORCED [ton yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. GUIZEN OF WHAT COUNTRY? lawrand 13. EATHER'S NAME 14/MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JINFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour a. n. While Not while 19 of work ot work 21. I certify that I attended the deceased from 19 14 that I last saw the deceased and that death occurred at-P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION 225. DATE THEREOF 226 NAME OF CENETERY OF CREMATORY 22d. LOCATION (CIN. Wh. or county (State) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 350

SEP 19 15 SEP 19 15 S.

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w	X	-		9640	CERT	IFIC/	TE OF DE	ATH		Reg. Dist. No.	
Page director	. ~	1.	PLACE OF DEATH o. COUNTY Prince	e George	S MAR	YLAND	2. USUAL RESIDENCE O. STATE	CE (Where decease	6 COUNTY		re admission)
r death. funeral	1		b. CITY OR TOWN (If outsic RURAL and give nearest to Villa Heigh	its Md		IN 1b	c. CITY OR TOW	'N (If outside corpo	rate limits, write Rl	JRAL and give nec	irest town)
urs afte		4	d. NAME OF HOSPITAL (IF OR INSTITUTION 3906 58t	not in hospital, give s h ave	ireet address)		d. STREET ADDR	58th Ave	enue,.		e. IS RESIDENCE ON A FARM? YES NO
n 24 ho Filled in ges 1 on		3.	NAME OF DECEASED (Type or print)	Harry	Middle K.	Sh	lagel	4. DATE OF DEATH	Sep 1	16 10	56
d within			male w	hite w	MARRIED NEVER MARR	ED 🔲	Dec 24,		9. AGE (In years 56 birthday) yrs.	Manths Days	IF UNDER 24 HRS Hours Min.
execute nd cam	death.	10	usual occupation (Gi- during most of working life Salesman	ve kind af wark dane e, even if retired)	Building Su	or indus	ry 11. BIRTHPLACE	(State or foreign c	ountry)	12. CITIZEN O	F WHAT COUNTR
tate be jician a e carbo	rs offer	13	FATHER'S NAME Kut	rt Shlage	1.		14. MOTHER'S MAI	IDEN NAME Inocke			
that the death certificate be by the attending physician a t. Then please remave corbs	of all	15	WAS DECEASED EVER IN U. (If yes, g	. S. ARMED FORCES? ive wor or dotes of service:	16. SOCIAL SECURITY NO. 128 03 6534		Johanna	M Shlag	el Villa	" Height	s, Md.
death tendi			18. CAUSE OF DEATH [E		per line for (a), (b), and (c)	-]	. [2			ERVAL BETWEEN SET, AND DEATH
the at hen	* L	Н	PART I, DEATH WA		Carcin-	*77	u ti	ing.		2	years
es that ed by th rmit. Ti	any eve		Canditions, if any, who gave rise to immedi	ote (Genkroll	lice	d Care	cinom	atrois		
r requir tian. en signe	in and in	7	cause (a), stating the unitying cause last.	der- DUE TO	Produ	i c	Cnem		·		
The faw g physic has bec	maval,	FICATIO		no	ONS CONTRIBUTING TO DE					N IN PART I(a) 1	PERFORMED? YES NO
CIAN: trending tificate s the bu	n, ar re	AL CERTI	20g. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	AL EXAMINER)	DESCRIBE HOW INJURY O						
PHYSI tal ar a this cer ar use a	omation of the state of the sta	MEDIC	20c. TIME OF INJURY Mon Hour a. m. p. m.	v	Vhile Nat while t wark at at wark	20e. PLA	CE OF INJURY (Hame lary, street, affice bld	e, farm, 20f. (City g., etc.)	or tawn)	(Caunty)	(State
NDING e haspil : Affer ched fo	urial, a		21. I certify that I c	attended the dec	47-	4 death	accurred at 9	Supot /	7, 19 <i>56</i> In the causes ar	•	w the deceas
ATTE	rior d d	,	ACTUAL SIGNATURE & a	Aon (Marken	0	LD. 630		reel, city ar tawn, s		DATE SIGN
PITAL C e retoin ERAL D I shaulz	Jistrar p		PHYSICIAN'S NAME (Type)	SYTON	O WAT.	KIN	xs Blo	celens	lury	m	el .
moy bo	the reg	2	REMOVAL (Specify)	1/20 /5	6 It Line	etery of	Crimpto		men 1	County)	(State)
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGN	econs /	Hyaller.	ilk	Md 246	REC'D BY REGIST SEP 2 1	rar 24b-REGIS	TRAR'S SIGNATUI	€
	4				(/						

SEP 21 1056

SUREAU W. S.

death

within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Year

19

(Stote)

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requires that the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Serier das

haurs

BUMEAU V. A.

3561 . 634 177 - - 1926 death.

after

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9561 F

8

09614

e. IS RESIDENCE

ON A FARM?

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

YES NO

Day

Doys

Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES Y NO (County) (Stote) . 12 Dathat I last saw the deceased , and that death occurred at 10 5 75M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** 24a. REC'D BY REGISTRAR REGISTRAR'S SIGNATHRE DATE SEP

VS A15 (4) 15M 9/55

BUREAU V. S.

OBADEN SEE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
.s.m		9554 CERTIFICATE OF DEATH Reg. Dist. No. 245
director	1.	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Pennsylvania b. COUNTY Unknown
Id be f	. 7	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia
a Car	1	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ond s	3.	NAME OF First Middle Lost 4. DATE Month Day Year OF
	5.	SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
dpers.) TO	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY
a dec	13	Secretary Bell Telep.Co. Watsontown, Penn. U.S.A.
lours of	L	Jacob P. Starr Agnes J. Sloan
72 hours	0	. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No None None None William P. Starr, 6208 43d St. Hyatts., M
r within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b)
r. ine y even		Soddising if any which
nd in on		gove rise to immediate couse (a), stating the under-lying couse last. (b) DUE TO (c)
noval, a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
or ren	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)
emation	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. tNJURY OCCURRED Hour a. n. White Not white of work at work to the or work at work to the or work to
riol, cr		21. I certify that I attended the deceased from $\frac{5-/8-5}{5}$, 19, and that death occurred at 3.7.4 M from the course and as the date stand of the date sta
0 10 1 0 1		actual signature M.D. And that death occurred at 3.2.4 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNATURE M.D. M.D. DATE SIGNI
strar pr		PHYSICIAN'S JOHN P. CLUM, M.D. 6110 43d Ave., Hyattsville, Md.9/16/
e registrar	22	O. BURIAL TRIMATON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF TRIMATORY 22d. LOCATION [City, fown, or county] (State)
ŧ	23	Burial Sep. 18, 1956 Watsontown, Cemetery Watsontown, Pennsylvania. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240-REC'D BY REGISTRAR'S SIGNATURE
	L	W. W. CHAMBERS CO. Riverdale, Marylandane Jas. Sesere
		1

SEP 16 117

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DEPUTY 5M 9/55

24b. REOISTRAR'S SIGNATURE

a. IS RESIDENCE ON A FARM?

YES NO

Year

IF UNDER 24 HRS.

19 56

Min.

Day

U-S-A.

[County]

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES 🔽

100 Telephone (100 Te

(Stole)

NO T

(State)

BUREAU V. S.

filed

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VS A15 (4)

15M 9/55

T'A INTIMO

OCT 2 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ratio; 24 by the haspitol or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the ottending physician and completely filled in the efformation page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and provide be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

MAKTLAND SIA	HE DEPARTMENT OF HEALTH-BA	ALTIMORE, 18
0	CERTIFICATE OF DEATH	Reg. Dist. No. 2844
1. PLACE OF DEATH CO. COUNTY PLACE LECTE	PEZMARYLAND O. STATE M. O.	bsed lived If institution: Pesidence before (Idmission) b. COUNTY
RURAL and give nearest towns Heverly	45 min Hy	proporate lights, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street orderess OR INSTITUTION Alree A	Mes Hopith STREET ADDRESS	9th ave e. Is residence on a Farm? YES NO
3. NAME OF DECEASED (Type or print) Baunfield	Middle Stoughton berg DEA	ATH Sept-29-56 19
M WIDOWED	NEVER MARRIED 8. SATE/OF BIRTH	9. AGE (in years lost templay) Manths Days Hours Min.
10a. USBAL OCCUPATION (Give kind af work done during most of working life, even if retired)		n country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no. or unknown) If yes, give wer or dates of service)	SECURITY NO. 17. INFORMANT	Address
18. CAUSE OF DEATH [Enter only one cause per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the under- lying cause last. (c)	is dustic heart di	INTERVAL BETWEEN ONSET AND DEATH
5	BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISI	YES NO 🗗
	IOW INJURY OCCURRED. (Enter nature of injury in Part I or	Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year Nothing to the American Street Control of the Control of th	ot while foctory, street, office bldg., etc.)	City or tawn) (County) (State)
21. I certify that Lattended the deceased from alive on Sept. 29 1256	, and that death occurred a	19 SC that I last saw the decease ram the causes and an the date stated above 5 (Street, city or town, state) DATE SIGNE The state of
PHYSICIAN'S WILLIAM BR	AININ Capital	Hyle my
220. BURIAL CREMATION, 22b. DATE THEREOF 22c.	of Med. May foloof 3	CATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	DOMESS 24a. REC'D BY REC	GISTRAR 246. REGISTRAR'S SIGNATURE

DEC 11 :

EUREAU V. S.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE; 18	69619
			9606 CERTIFICATE OF DEATH	ist. No. 242
ard director, be filed with			PLACE OF DEATH o. COUNTY AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY b. COUNTY	ice before admission)
Funaral and be find	162		b. CITY OR TOWN (If outside corporate limits, with RURAL and give nearest town) Cafe to the corporate limits, write RURAL and give nearest town) Cafe to the corporate limits, write RURAL and Cafe to the corporate limits, write RURAL and Cafe to the corporate limits, write RURAL and RURAL and Cafe to the corporate limits, write RURAL and RURAL and Cafe to the corporate limits, write RURAL and RURAL and Cafe to the corporate limits, write RURAL and RUR	give nearest lown)
a sili	- P)	d. NAME OF HOSPITAL (If not in howital, give street address) OR INSTITUTION 4/4-48 th And 4/4-48 th	e. IS RESIDENCE ON A FARM? YES NO
illed in		1	NAME OF DECEASED (Type or print) FRANCIS WOODROW SULLIVAN DEATH LILL	Day Year / 19 5 6
o willing ofetely f rs. Pag		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lest birthday) 43 yrs. Months	Days Hours Min.
and comple bon popers. y death.	1	100	2. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired) Muselm Vashing life, even if retired)	TIZEN OF WHAT COUNTRY
physician or mave corbo hours after	I	13.	Eclivard alexander hullion nettie avers	1
ing physeremov	1	1\$. (Y⊲	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1. no. or unknown) World Warlet Warlet NONE The F. furlliver 414-48th An	e Capital Hat
attend or pleas or within			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
by the nit. The ny ever			Onditions, if ony, which (b)	9
require on. n signec isit perr			gove rise to immediate couse (a), stating the <u>under-landers</u> [ying couse last. (c)	
physici physici nos beer rial-tron novol, c	;	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
tending ificate life but		L CERTIF	20a. ACCIDENT WAS UNDERLYING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
rrism fol or of this cert remotion		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. st. 19 While Not while of work of work of work 19 of work 19 Not while of work 19 Not while of work 19 Not work 19 No	County) (State)
inding the hospit the After ached fo			21. I certify that I attended the deceased from County 11, 1956, to 1956, to 1956 that I alive on 1956, and that death accurred at 112 M, from the causes and an t	
ed by the	*		ACTUAL SIGNATURE Within Brain M.D. 612 + Central Are	DATE SIGNED
RAL should			PHYSICIAN'S WM, BRAININ Capitol Keights h	nd
moy by O FUNE Page 3		L	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION OF Soundy REMODAL (Specify) 4/56 Change of Cemetery Or CREMATORY ALL COLORS (Swing Town)	(Stole)
VS A15 (4) 15M 9/55		23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	e Campbella
			SLI ~ ST	

S.V UASSER

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

09620

2411 N. Charles Street, Baltimore

9565 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Prince & Maryland Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Mice Store
CITY (If outside corporate limits, write RURAL and Cin this place) OR give nearest town TOWN TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5508 Concesson At .	STREET (If rural, give location) ADDRESS 5508 6 milison	4.
3. NAME OF (First) (Middle) DECEASED (Type or Print) DYUCILLA H. B.	Chast) 4. DATE (Month) OF DEATH CLEST.	(Day) (Year) 27 19 ⁵ /
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthda II under I Months	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Givo kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry INDUSTRY	Housed Co., ma 2	CITIZEN OF WHAT
Chas Halbe	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of gervice) 16. Social Security No.	Shirman Thomas 5508 8 me	eson St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rymanic	INTERVAL BETWEEN ONSET AND DEATH
4 Immediate cause (a) AENTE COR	Enosclerate Heart General	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Enselerate Heart Westers	? YEAR.
(c) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	* * * * * * * * * * * * * * * * * * * *
22. I hereby cartify that I attended the deceased from Bustable		
alive on 27, 196, and that death occurred at signature (Degree or title)	2120 f.m., from the causes and on the date sta	ted above. DATE, SIGNED
Long O. Cayman, M. D. 6311	Beets ling. Reverdaly hed	9/27/56
MANUAL (Specify) 10-1-56 Offing	RY OR COMMITTERY LOCATION (City, town, or county	md.
grec. 8-36 Carres deveres	THE THE THE THE THE CHIPLES	ADDRESS



OSCENTED SECTIONS

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9697 CERTIFICATE OF DEATH

119621

Reg. Dist. No.

١	1. PLACE OF DEATH					2. USUAL RES	IDENCE (Wh	era decease	d lived. If instituti	on: Reside	nce befo	re admiss	ion)
4	den.	rince Geor	'ge	MAI	RYLAND	O. STATE	laryla:	nd	ь. county Pr	ince	Ger	orge	
	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ls, write	c. LENGTH OF STA	Y IN 16				orota limits, write R)
L	Chever	and the second second		11 Da	ivs		apito	l Hei	iehts				
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS					e. IS RES	IDENCE /
Į	Prince C	George Gene	ral	Hospital		320) 48	8th A	venue				NO [3]
I	3. NAME OF DECEASED	Fir	st	Midd	le	lo	ist	4. DATE OF	Mon	th	Do	y '	Year
	(Type or print)	John	W			Thompsor	1	DEATH	Sept	. 21		1	156
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARI	RIED 🔲	B. DATE OF BIR	TH		9. AGE (In years lost birthdoy)	Months	Days	IF UNDE	R 24 HRS.
1	Male	White	WIDOW			Mar 31	1879		77 yrs.	MOIIINS	nays	Hours	Min
	10a. USUAL OCCUPATIO during most of worki	N (Give kind of work a	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (Stole	or foreign c	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
		tired	Ca	pitol Po	wer	Plant	Mar	ylan	id	U	.b.	A.	
1	13. FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME					
L		n Thomps				D	eliar	n Tip	peti				
	IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	O. 17 t	NFORMANT			Add	.677			
Į					As	mes Or	trich	320	48th A	ve C	an	Hets	S , MC
)[TH [Enter only one co	use per li	ne for (o), (b), and (c	:]-]	20	, \.		6.	£ j	INT	ERVAL BE	TWEEN
1	PART I, DEAT	'H WAS CAUSED BY: IMMEDIATE CAUSE (o	<u>, C'à</u>	re buo Va	مص	Lande	sepr.	1015 B	Chea	حصانه	_	JET AND	DESIG
1	4221	DUE TO	0	170	1	4	11	_	- 1				
1	Conditions, if an		<u>U</u>	Mensyde	enst	سو وم	العراض	ماس	whose	va au	N		
1	gave rise to in cause (a), stating t												
1	lying couse lost.) (c											
ı	PART II. OTH PART II. OTH OTH OTH OR CONTRIBUTING (IF EITHER, NOTIFY I	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS /	AUTOPSY RMED?
1	<u>3</u>											YES [NO 🗌
1	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture	of injury in P	ort I or Por	t II of item 18.)				
ı	20c. TIME OF INJURY Hour a. p. m.	Month, Day, Ye	20d. II	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY	(Home, form,	, 20f. (City	or town)	(County)		(Stote)
1	¥ p. m.	19	of wor				•						
1	21. I certify the	at I attended the	deceas	ed fram	1-	10, 195/	. , ta	G-	21, 1956	,that I	last so	aw the	deceased
1	alive an	9-21	. 19	<u>56</u> , and the					n the causes a				
1	(10	0	•					lreet, city or town,		*****		ATE SIGNED
1	ACTUAL SIGNATURE	John T 7	mp	n/		M.D	2415	84 [3	Sama	وسعورا	RJ	_	1/2/
1	PHYSICIAN'S		χ.				7						7
	NAME (Type)	dhn T I	VTTO_			524	1.St.	Bar	<u>navas R</u>	oad	S.E	A	
	22a. BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	F 4-1	22c NAME OF CE	METERY O	R CREMATORY		22d. LOCA	TION (City, lown, o	or county)		(State	0)
	Burial	4-24-	JE	Cal	ph	cong	,	50	restr	<u>-l</u>	le	m	d
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADPRESS	131-	-1100	24a. REC'I	D BY REGIST	rrar 24b. REGIS		10	RE	
Į	Morena	of MO	My	414 W	JER	7700	DATE	04 5	6 UUA	edu			

EUREAU V. S.

9961 1 335 NBA 739 5191

		MENT OF HEALTH—BALTIMORE, 18 R'S CERTIFICATE OF DEATH
-de-an	3008	Reg, Dist. No.
	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE 7.5 7 7
	Prince Geor as MARYL	Mary Land Pr. Geor es
# .	b. CITY OR TOWN (if outside corporate firmits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
7	Cheverly D.O.A.	Hyattsville
File !	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC ON A FARM
***	Prince deor-es General Jospita	all 5505 43rd. Place VES NO
	3. NAME OF First Middle Middle	Las) 4. DATE Month Doy Year
	(Type or print) Charles Raymond	Thoms DEATH Sept. 19. 19.56
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HI
	Male White WIDOWED DIVORCED	August 4,1956 yrs. To Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if refired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT
1	None	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Houston Thoms	Virminia Mary Balcar
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
Jr 10	(Yes, no, or unknown) (If yes, give wer or dates of service)	, in the state of
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Father: Jame adlress
	BART I GRATILITIES STREET BY	INTERVAL BETWEEN ONSET AND DEATH
		al hemorrhage
-	TO OUE TO	AP 1 PA AB - 47 - 47 - 47 - 47 - 47 - 47 - 47 - 4
	gove rise to immediate couse!	of left si moid sinus
	(a), stoting the underlying DUE TO	
		of occipito-parietal suture
d	CATIO	PERFORMED? YES NO [
		D. (Enter enture of injury in Bort lor Part II of Item 18.) DEP From Sofa in Living room of his ho
9		PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State foctory, street, office bldg., etc.)
49	Hour a. m. 9-19- 19 5 ot work of work	home Hyattsville, Pr. Geo.Md
	21. I certify that I took charge of the remains described	above, held an Autopsy 🔀, Inspection 🔼, Inquiry 🛣, and find t
	death resulted from: Natural causes, Accidenta	Suicide . Homicide . Undetermined cause .
	0/	Land to the state of the state
	SIGNATURE John J. Maloney	CHIEF MEDICAL EXAMINER []
		ASSISTANT MEDICAL EXAMINER
	PAME (Type) John T. Maloney, M.D.	DEPUTY MEDICAL EXAMINER TO Sept. 19. 1955
	220. BUR AL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
	DEMOVAL (Specific)	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Oln Cemetery Colmar Manor, Md.
		DATESEP 2 4 '56 CIDAL AND A
,	F. Gasch's Sons Hyattsville, Md.	DATES ET 24 30 NO A SAUCA
12	207723/XV6	

Z V UABRUB

9961 PS 435.

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MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BALTIMORE,	18
MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

{	1	9	ti	2	3	g P

	9609 TEL	//CAL	EXAMINE	K 3	CERTIFICA	IIE O	PDEATH	Reg.	Dist. No	o	245
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where dec	oased lived. If Insti	tution: Res	sidence be	fore adm	ission]
a. COUNTY	Prince Geo	rges	MARYL	AND	o. STATE Ma:	rylan	d b. COUN	TY Pa	c. Ge	Om	
b. CITY OR TOWN (II out ond give negrest foun)	iside corporate limits, write Rt	URAL C.	LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If outside c	orporate limits, writ	RURAL	and give r	nearest to	wn)
River	dale		15 Minut	es	Colle	ge Par	rk				14
d. NAME OF HOSPITAL	OR INSTITUTION (IF a	at in hospita	l, give street address)		d. STREET ADDRESS						ESIDENCE A FARM?
Leland Memor	rial Hospit	al			8915 65th	Aven	LIG:] ио ⋤
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Men	ith	Day	١	leor
(Type or print)	La Rue		Priscilla		Tome	OF	H Sep	t.	24	1	9 56
5. SEX 6	COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.			9. AGE (in years lostsbirthday)	IFUND	ER TYEAR	IF UND	ER 24 HRS
Female	White "	VIDOWED [DIVORCED [ונ	Sept. 22,	1914	42 yrs	Month!	Days	Hours	Min.
10g, USUAL OCCUPATION	(Give kind of work dor	ne 105. KIND	OF BUSINESS OR IN	1DUSTR	Y 11. BIRTHPLACE (Stat	a or foreign	country)	12. 0	CITIZEN C	F WHAT	COUNTRY
during most of working l	To even ir retired)	A:	iropiane		Pennsyl	vania:			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Frank Wilm	ner Kachelu	es			Sus	san a h	Smith				
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	ES? 16. SOC	CIAL SECURITY NO.	17. IN	FORMANT		Addre	iş.			
(Yez, no, or unknown) (If	yes, give was or dates of serv	(CB)		.Ta	oseph T. Pr	a++ -	JOO Bonn	ion E	Road	941	10022
18. CAUSE OF DEATH	[Enter only one cause	per line for	(a), (b), and (c).]		rings, Md.		Hay reini	LCG1_1	INTE	RVAL BETW	EEN
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (a)	5	inherachno		nemorrhage:	hemor	rrhage an	d she		ET AND DE	ATH
. · × · "	DUE TO			introde 6	TOTAL STATE OF	22001102	LINGEO OU	<u> </u>	701		
Conditions, if any,		4	Assive la	CRIV	ations of 1	iver a	and splee	n			
gove rise to immedia	le couse										
(a), stating the unc	(c)		utomobile	AC	cident						
Z PART II. OTHER	SIGNIFICANT CONDIT	IONS CONT	R BUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	M.NAL DISE.	ASE CONDITION G	IVEN IN P	ART 1(a)	9, WAS	AUTOPSY
K										YES TY	NO
PART II. OTHER OF THE PRIMARY	WAS 20b.	DESCRIBE HO	OW INJURY OCCUR	ED. (En	ter nature of injury in Pa	ort I or Port	If of item 18.)				
CAUSE OF DEATH.	(18UTING L)	Ce234	inton boke	aen-	automobilia	and a	street or	m_			
\$ 20c. TIME OF INJURY	Month, Day, Year	20d. INJU	JRY OCCURRED 20e	PLAC	E OF INJURY (Home, far	m, 20f. (C	(ity or town)		County)		(State)
5.00 p.m.	9-24-56 19	White of work [Not while O	-000 a	y, street, office bldg., et reet		iverdale,	TOO .	Geor	00E.	MA.
					e, held an Autop						
					ide 🔲, Homicid					, una	mid me
	4		· (delibority	0010	ide [], Hollicia	ie I'i'	onderer mined	cause [ш.		
ACTUAL	1 > 94	H.	7-44		CHIEF MEDICAL	EXAMINER!				00000	and the same
SIGNATURE	KAR. UTT	MAN	may		M.D. ASSISTANT MEDIC	,					
EXAMINER'S NAME (Type)	hn T. Malo	merr. N	r n		DEPUTY MEDICAL		_				
			NAME OF CEMETER	YORG			ATION (City, town,	or count	v)	(Stat	eì
22q, BURIAL, CREMATION,	9/28/56				Cemetery	1	lmar Mand		A.	10101	-,
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				ISTEAR 246. RES		SIGNATU	RE//	
F'. Gasch'	s Sons Hye	ttsvi	lle. Md.		DATE	£,	1996	1-1	eos	loer	ieh.

VS. A15ME(S) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SUREAU V. E.

SEP 21 105

BECEIAED

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9610 CERTIFICATE OF DEATH

			90	52	5
g.	Dist.	No.			_
_					

Re

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 9. STATE 6. COUNTY
Prince George MARYLAND	6. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 6 days	Washington, d D.C. 4/
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
// Prince George General Hospital	231 F St. N.W. YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
47 1 44	Wendling OF Sept. 8 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	6 - 16- 1993 63 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
None	Austria U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mike Wendling	Catherine Floor
Yes, no, or unknown) a tiff yes, nive were or dates of service)	FORMANT 2806 Laurel Ave.
	Regina C. Bass Cheverly, Mg.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ma sentonial distant Death
150X DUE TO	11/12/10/1
Conditions, if ony, which) (b)	more lu John Swis
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3	PERFORMED? YES NO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port I or Part II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Not of work of work	
21. I certify that I attended the deceased from QUA	5, 1956, ta Xept 8 , 195 That I last saw the deceased
alive on Albt 7 1256, and that death	accurred at 6.00AM, from the causes and an the date stated above.
Pa 1 70 -00	ADDRISS (Street, city or town, stote) DATE SIGNED
SIGNATURE Deuthmen L. Milly	12 3824-34 At. not Carner Sep-8 4
MANUEL REVIOLATION C STILLE	0 1
PHYSICIAN'S REPLAMIN S. MILLED	RMD
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 9/11/56 Ft T.1 2001	
burial // LL/) Tilleon	n Cemetery Prince George County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tho S H Himor C 2003 3 Lth St	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
The S.H. Hines Co. 2901 14th St.D.	NaW. DATE SEP 13 '56 (les Leduch

•

PLACE OF DEATH a. COUNTY

3. NAME OF

Male

Retired

13. FATHER'S NAME

cause lost.

ACTUAL SIGNATURE

EXAMINER NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify) 23. FUMERAL DIRECTOR'S SIGNATURE

CERTIFICATION

5. SEX

-DECEASED (Type or print)

and give nearest town)

b. CITY OR TOWN (If autside corporate lines), write RURAL

Samuel Owen White

Conditions, if any, which

gave rise to immediate cause

(a), stating the underlying

20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH,

a.m.

D. m.

20c. TIME OF INJURY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address

Prince Georges General Hospita

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED [

B.& O. R.R.

16. SOCIAL SECURITY NO.

Acute Conge

Cardiovascu

20b. DESCRIBE HOW INJURY OCCUR

While

Maloney. M.D

20d. INJURY OCCURRED

at work at work

Nat while

22c, NAME OF CEMETE

F ancis

10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]

DUE TO

DUE TO

Month, Day, Year

death resulted from: Natural causes [3],

22b DATE THEREO

John

21, I certify that I took charge of the remains described

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

White

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMIN Prince Georges MARY

c. LENGTH OF STAY

minutes

Middle

DIVORCED

Samuel

1	9	6	Z	6	

R'S	CERTIFICAT	TE OF	DEATH				
				Reg. Dist.	No.		
	2. USUAL RESIDENCE (V	Vhere decea			before	odmissi	on)
AND	o. STATE Maryl	and	b. COUNT	Howar	d C	ount	y
N 1b	c. CITY OR TOWN (IF	outside cor	porate limits, write	RURAL and gli	ve near	est fown)
	Annap	olis	Junction		,		
)	d. STREET ADDRESS				•	IS RESI	DENCE
					1	rES 📋	NO M
	Lost	4. DATE	Month		Day	Yea	r
	White	OF DEATH	Sept.	28		19	56
□ 8.	DATE OF BIRTH		9. AGE (In years	IFUNDER TYPE		UNDER	24 HRS
<u> </u>	March 12, 18	385	71 yrs.	Months Day	ns H	laurs A	Viin.
NDUSTR				12. CITIZEN	V OF V	VHAT CO	DUNTRY?
	Maryland	l	•	U.	S.A		
	14. MOTHER'S MAIDEN N						
	Juliet I	Mande	let				
17. IN	FORMANT	70,40	Address				
נו	lilton White,	216	Foreton I	and me	Tok	CHIEF CO.	Park
	TTOOL WILLOW	110	I OI BOOK! I			BETWEEN	
	II				ONSET A	ND DEATH	Md
ULV	re Heart Fail	lure					
	M 4 A						
ar	renal Biseas	10 -	·				
BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1		WAS AU	
							NO 🔼
ED. (En	ter noture of injury in Part	I or Part li	of item 18.)				
PLAC	E OF INJURY (Home, farm ry, street, affice bldg., etc.	20f. (Cit	y or town)	(County)		(State)
rucio	ry, sileer, dilice blog., e.c.	1					
abov	e, held an Autops	y 🗍 , I	nspection 1.	Inquiry	E 1. 0	and fir	nd that
	ide . Homicide		ndetermined c	-	E .l'		
		<u> </u>					
_	CHIEF MEDICAL EX	AMINER [1		Đ	ATE SIG	NED
	_M.D. CHIEF MEDICAL EX						
	DEPUTY MEDICAL I		_	28 7	OF.		
V COR (CREMATORY		I Sept.		956		
II OK (Ma	11.00	TION (City, town, o	11/1		(State)	
res	age from	A VA	TRAD 24 JOHN	TRADESTICAL	N	110	ing
-	TO TOUR MEL	AY REGIS	TRAK Z407 REGIS	TRAR'S SIGNA	riorg		

VS. A15ME(5) 5M 9/55

EULLAU V. S.

3001 8 100

PECTA ATOEM

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
العداء	4		9645 CERTIFICATE OF DEATH Reg. Dist. No. 242
		1. (PLACE OF DEATH O. COUNTY O. STATE D. COUNTY O. STATE D. COUNTY D. COUNT
uneral id be fi	Х	S	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town) RURAL (Rural) RUYAL) Seat Pleasant
rs drier Thau	1		d. NAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES 10 NO 1
led in			NAME OF DECEASED (Type or print) Mary Viroinia William Widdle Lost 4. DATE Month Day Year OF DEATH Sept 11 1956
etely fi	1	5. 5	
d camp		10o	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BAPTHPLACE (State or foreign country) HOUSE WIXE OWN HOTTE WOSKIND OF U.S.A. 12 CITIZEN OF WHAT COUNTRY: HOUSE WIXE ON THE WOSKIND OF THE U.S.A.
cian an carba		13.	John W. Kalden bach Sarah Ann Thomas
certification of physics remarks 72 haur	, 4		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wash of Social Security No. 17. INFORMANT No. 18. Popular of dates of services No. 19. Novinan Wilburn-7191 Central Ave D.C.
e death attendir n please t within			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORORSTIVE HEATT FAILURE AHAS
that the by the iit. The ny even			conditions, if ony, which) (b) H-Terrosehlerotric Heart Disease 3 years
requires an. signed sit perm nd in a			gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO Generalized Arterroschilerosis 3 years
physicions beer individual, a	1	CATION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO K} \)
IAN: Ti ficate h ficate h fie bur		L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or att his certi use as ematian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Not Not while of work of
VDING haspin After 1 child fa			21. I certify that I attended the deceased from Jon 15, 1946, to Sept 11, 1956, that I last saw the deceased alive on Sept 10, 1956, and that death occurred at 10:10 AM, from the causes and on the date stated above.
A ATTER of by the CTOR of deto or to by	1		ACTUAL CO. Suit Putchie M.D. 7005 Ritchie Rd SE 9-11-56
retains RAL Shawio stror pr			PHYSICIAN'S W. Suit Pritchie M.D. Wash 27 D.C.
may be FUNE page 3		220	BERNOVAL (SPECIAL) 226. DATE THEREOF 120. NAME OF CEMETERY OR CREMATORY 121. LOCATION (City, Letter, of Colors) 121. LOCATION (City, Letter, of Colors) 121. LOCATION (City, Letter, of Colors) 122. NAME OF CEMETERY OR CREMATORY 123. LOCATION (City, Letter, of Colors) 124. LOCATION (City, Letter, of Colors) 125. DATE THEREOF 126. NAME OF CEMETERY OR CREMATORY 126. LOCATION (City, Letter, of Colors) 127. LOCATION (City, Letter, of Colors)
VS A15 (4) 15M 9/55	024	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS. ADDRES
	KIDA	7	

and designations

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1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09628/
13		Item 9 FilmG20h The et OF DEATH 9612 CERTIFICATE OF DEATH Reg. Dist. N	0. 745
age of a sector	1. [PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence be 5. COUNTY 5. COUNTY	fore admission)
tiled of		Prince George MARYLAND Maryland Prince G	2019-
المرا الموقو	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	earest fown)
S 33/ 'A'	H	d. NAME OF HOSPITAL (If not in haspitol, give street address) d. STREET ADDRESS d. STREET ADDRESS	/
16	,	OR INSTITUTION	e. IS RESIDENCE ON A FARM?
p v	3. 1	NAME OF First Middle Lost 4. DATE Month	YES NO NO
led s		NAME OF First Middle Lost 4. DATE Month OF (Type or print)	Day Yeor 19 5 6
d till age	-	SEX 16. COLOR OR RACE 17. MARRIED TO NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (17 years I F UNDER 1 YEA	AR IF UNDER 24 HRS.
S. P		Male WIDOWED DIVORCED /-1/- 73 830/1 yrs. Months Days	Haurs Min.
omp per h.	10o		OF WHAT COUNTRY?
deat /	1	during most of working life, even if retired) Notar of Medicine Self Maryland	S
her and	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
physicion maye co	-	James S. Willis Jennie Thomas	
E 480		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address II, no, or unknown) (If yes, give wor or dates of service)	
Sing Series		Hospital Chart Stated	above
deor then den den den den den den den den den d			ITERVAL BETWEEN
and de of		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	welch
oy H		450.0 DUE TO	1041
		Conditions, if ony, which gove rise to immediate DUE TO	1090
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		codes (a), stating the <u>under-</u> lying couse lost.	
sicio een rans	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
physical phy	CATION		PERFORMED? YES NO
Ling Ling Line hard Line h	CERTIF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	
in the of		[IF EITHER, NOTIFY MEDICAL EXAMINER]	
or o	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not while Not whil	y) (Stole)
this cream	¥	p. m. 19 of work of work	
Affer ed f iol,		21. 1 certify that I attended the deceased fram	
bur bur		alive an ADDRESS (Street, city or town, stote)	late stated abave. DATE SIGNED
₹ À D P P P P P P P P P P P P P P P P P P		SIGNATURE W Malin M.D. Revertale, med	Q 19 11
S is		M at 1 1	7-14-9.10
SAL Shau		PHYSICIAN'S LW / ALIN	
regine 3	220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d 19CATION (City, town, or county)	(Sigle)
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2	notificant 7/17 N b cort dince (m) Corman mano	
VS A1S (4)	23-	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAT	URE
15M 9/55	4	, enserasors, Againerally, over 10 10 Games,	Clotrep

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 961 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09629

Reg. Dist. No.

		PLACE OF DEATH				li .	Where decoased lived. If Inst	itution: Residenc	e before admission)
		a. COUNTY	Prince God	orges	MARYLAND	o. STATE Max	ryland b. cour	MY Pr. G	eo.
	Ь	CITY OR TOWN (It and give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN [IF autside corporate limits, wri	te RURAL and g	ive negrest town)
	P- 2		Cheverly		D.O.A.	Kent	t Village		
	d	. NAME OF HOSPITA	L OR INSTITUTION (If nat in ho	spital, give street address)	d. STREET ADDRESS			e. IS RES DENCE ON A FARM?
¢		Prince Ge	eorges Gene	eral H	lospital	7319 1	Forest Road		YES NO T
		NAME OF DECEASED	Fir	uł .	Middle	Last	4. DATE Mo	*****	Day Year
		Type or print)	Kathleen			MONE	DEATH Septemb		19 56
	5. \$	_			ED NEVER MARRIED		9. AGE (in years tool buthday)	Months Do	
		emale	White	WIDOWE		Sept. 6, 19		1.	
	10o.	. USUAL OCCUPATIO luring most of working	N (Give kind of work life, even if retired)	done 10b. I	KIND OF BUSINESS OR INDUS				N OF WHAT COUNTRY?
						Marylar	nd .	U	.S.A.
	13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
		-	omas J. Wi			Marjo	orie T. Splain	e	
	15. (Yes,	WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Addre	159	
,						Father, Sa	me Address.		
			H [Enter only one cou	se per line					INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		Hemorrhage	and shock			
/		X	DUE TO					_	
		Conditions, if an			Compound, co	mainuted fra	ecture of skul	I	
		gave rise to immedi (o), stating the u							
		cause last.) (c)					•	
	Q.	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE CONDITION G	IVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
	2								YES NO PE
	CERTIFICATION	200, EXTERNAL CAUS	SE WAS	b. DESCRIB	E HOW INJURY OCCURRED. (Enter noture of Injury in Pa	rt I or Part II of item 18.)		
		CAUSE OF DEATH.			utomobile coll	ision. Deces	sed was ridin	g AS &	oessenger.
	WEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d.	Not while 20e. PLA	CE OF INJURY (Home, for ory, street, office bldg., etc.)	m, 20f. (City or town)	(Count	y) (Stote)
	ME	4.50 p.m.	- 19 19			reet	Cheverly	Pr. Ge	Oe Mde
		21. I certify the	ot I took charge	of the	remains described abo	ve, held an Autop	sy 🔲 , Inspection 🎏	Inquiry2	. and find that
		death resulted	from: Notural	couses [], Accident 🔼, Su	icide 🔲, Homicid	e 🔲, Undetermined	couse .	
		A	1 -		0 -	-			DATE SIGNED
μ		ACTUAL SIGNATURE	mo.	917/2	donen	_M.D. CHIEF MEDICAL E	EXAMINER		DATE SIGNED
		EXAMINER'S		_		ASSISTANT MEDIC	CAL EXAMINER		
		NAME (Type)	John T. Ma	loney		DEPUTY MEDICAL	EXAMINER SE	ptember	19, 1956
	220.	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY OF	CREMATORY	22d. JOCATION (City, town	, of county)	(State)
	9	urial	1/22/3	,6	The wine		Makens	7401	1,000
4	23.	allach T	SIGNATURE 7	2/	ADDRESS MIT. R	cincer 240. REC	Salakertunge 54.18	JEHANS HON	ATERE
		weep s	enero.	100	2. 1	DATE DATE			

TE BUSEAU V. S.

9961 ₹3 d3S

e funeral director, auld be filed with

Mage

ATTEMBLE MYSMIAN: The low requires that the Beath certificate be executed within III hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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315	CERTIFICATE	OF	DEATE
3 1 %	CEVILLIANIE	VI	PFUII

		961	5.	CERTIFIC	ATE OF DEAT	Ή		Reg. D	ist. No.		231
1.	PLACE OF DEATH				2. USUAL RESIDENCE (V	Vhere decease	ed lived. If institution	on: Reside	ence befo	re admis	sion)
	o. COUNTY	ince George		MARYLAND	o. STATE Marvls	_	b. COUNTY		_		
	b. CITY OR TOWN (I	outside corporate lim		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II		Prate limits, write R		Ge C		n)
	RURAL and give ne	arest town)		11 2000				o nr ie Gina	g. o nec		
-		AL (If not in hospital, o	rive street	11 days	District d. STREET ADDRESS	t Hei	zht			e. IS RES	
,	OR INSTITUTION					_				ON A	A FARM?
	Prince (Hospital	7312	lalleck	Street			YES _] NO 🗌
3.	NAME OF DECEASED	Fi		Middle	Lost	4. DATE OF	Mon	1ft	Da	γ	Year
\perp	(Type or print)	Alexande	r	Porter	Windsor	DEATH	Sept.		3		19 56
5.	SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years last birthday)			-	ER 24 HRS.
	Male	White	WIDOWI	DIVORCED	4 Oct. 1886		69 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stol	e or foreign o	country)	12. C	ITIZEN O	F WHAT	COUNTRY
C	arpentes	ing life, even if retired 18	" I c	Construction	Maryler	nđ.			USA		
-	FATHER'S NAME				14. MOTHER'S MAIDEN				00**		
	Unknow	wn			Unknowr	1					
15.	WAS DECEASED EVE	IN U. S ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Addi	ress			
	NO (If yes, give wor or doles of a	T.	Inknown C	arrie Winds	sor, 7	7312 Hal	lec!	t St		
	Conditions, if or gove rise to in couse (o), stoling I lying couse tost.	nmediate DUE TO) /	typerter	wor'm	rage	e				
Z		ER SIGNIFICANT CON	·	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER!	MINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
CATIC									(-,	PERFC	NO
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port Car Po	rt II of item 18.}				
MEDICAL	20c. TIME OF INJURY Hour a. p., p. m.	Y Month, Day, Ye	or 20d. It While of wor	Not while for	LACE OF INJURY IHome, for octory, street, office bidg., a	m, 20f. (Cit	y or lown)		(County)		(State)
	21. I certify the	at I attended the	deceas	ed fram	24, 1955, ta	4	1/3.195	-that I	last so	w the	deceased
	alive an	, 9/3	. 19	S and that deat	h occurred at 2.00	A M from					
	2.0	7-	//	2			treet, city or town,		me da		ATE-SIGNED
	ACTUAL SIGNATURE	Mum	1 12	mund	M.D. Carl	itof	1256	= m	P	8	13/5
	PHYSICIAN'S NAME (Typo)	William	T	Svairvin			1				
220	REMOVAL (Specify)			22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	r county)		(Stot	le)
	Burisi	19/5/195	6	Washington	Nat'l Cem.	Suit	land. P	r. Ge	20 0	o M	d

may be retained by the hospital or attending physician.

• FUNERAL TOR: After this certificate has been signed by the attending physician and completely filled in page 3 show a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR TO FUNERAL page 3 shou

VS A1S (4) 15M 9/S5

ACCRECATE

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR
SPATE P 5 105

246. BEGISTRAR'S SIGNATURE

PECENTIFICATION

BUREAU V. S.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15 Time 12 Film 205 10-11-56 et CERTIFICATE OF DEATH

09631

3010			AIL OI DEAIII	Reg. Dist. No.
PLACE OF DEATH o. COUNTY Prince George		MARYLAND	2. USUAL RESIDENCE (Who o. STATE) aryland	re deceased lived. If institution: Residence before admission) d Prince Georges
b. CITY OR TOWN (If outside corporate RURAL and give nearest tawn) heverly	imits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Chever)	tside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION 5902 Euclid St	l, give street o	ddress)	d. STREET ADDRESS 5902 Euc	e. IS RESIDENC ON A FARM
NAME OF DECEASED (Type or print) Zofia	First	K Wyczal	kowska	4. DATE Month Day Year Of DEATH Sept 20, 1956.
female white	E 7. MARRIE	DIVORCED DIVORCED	8. DATE OF SIRTH Nov 11 1872	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F Manths Days Hours Mi
Oa. USUAL OCCUPATION (Give kind of wo during most of working life, even if retired to the Housewife	red) -	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Store of Poland	r foreign country) 12. CITIZEN OF WHAT COUNTY U.S.
Jan Wyczalkow	vska		14. MOTHER'S MAIDEN NA Scholastyka	ME
5. WAS DECEASED EVER IN U. S. ARMED F Yes, no, or unknown) (II yes, give war or dates	ORCES? 16. S		NFORMANT 1. R. Wyczalko	Address
gave rise to immediate couse (a), stoting the under lying sause lost. PART II. OTHER SIGNIFICANT CO 20a. ACCIDENT WAS UNDERLYING 20b. CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINE	(c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		RISE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	
20c. TIME OF INJURY Month, Day, Hour a. ji. p. m.	Year 20d. INJ	Not while fo	ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.)	20f. (City or tawn) (Caunty) (St
21. I certify that I oftended to alive on	125	ond that death		M, from the causes and an the date stated aboness (Street, city or town, state) DATE SI
10. BURIAL, CREMATION, 22b. DATE THER REMOVAL (Specify) Burial 9/22/5		22c. NAME OF CEMETERY O	R CREMATORY 2 Cemetery	2d. LOCATION (City, town, or county) (Stote) Washington D. C.
F. Gasch's Sons	**	ADDRESS	24a, REC'D	BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

CENTROATE OF DEATH

THE RESERVE TO SERVE THE PARTY OF THE PARTY

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14. m. 11. 41. Erro 111. 14.

And the second second second second

By Madea Trades (18 Julie

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BUREAU V. K.

SEP 24 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

